

## Housing Authority of the City of Natchitoches

P.O. Box 754      536 Culbertson Lane      Natchitoches, LA 71458

Telephone (318) 352-9774      FAX Number (318) 357-8064

### **SELF EMPLOYMENT CERTIFICATION\***

*\*When an individual works for himself or herself instead of, or in addition to, an employer that pays a salary or a wage.*

I certify that I, \_\_\_\_\_, Natchitoches, LA 71457  
Print Name Address

**Earn income by working for myself. I do this by;** *(Describe how you earn money);*

\_\_\_\_\_

\_\_\_\_\_

**Location(s) where work is done if different from above :** \_\_\_\_\_

**What is your average income per week:**      \$ \_\_\_\_\_

**List the average hours that you work per week:** \_\_\_\_\_

**Do you do receipts for transactions done?**      \_\_\_ No      \_\_\_ Yes, *provide copies for last 2 months*

**Did you get a W2 Form(s) for last year?**      \_\_\_ No      \_\_\_ Yes, *provide a copy of all received*

**Did you file a Tax Return this year?**      \_\_\_ No      \_\_\_ Yes, *provide copy of 1040 form*

**If NO, do you plan to file this year?**      \_\_\_ ~~No~~      \_\_\_ Yes, *provide copy of 1040 when done*

#### **IF YOU PROVIDE CHILDCARE/ADULT SITTING SERVICES:**

\_\_\_ I am a CCAP Provider.      My CCAP Number is: \_\_\_\_\_

*If you are a CCAP Provider, bring your housing manager the last 3 months of CCAP statements.*

**If you are NOT a CCAP Provider, list the person(s) that you provide these services to;**

Name; \_\_\_\_\_      Number of children/adults kept: \_\_\_\_\_

Name; \_\_\_\_\_      Number of children/adults kept: \_\_\_\_\_

I certify that the information I have provided on this form is true and complete. I understand that false statements, supplying false information or omitting relevant information is punishable under Federal & State laws.

**Providing false information on any forms/documents provided to the Housing Authority will result in the termination or denial of any housing assistance applied for or received by my family,** and may result in ineligibility for other subsidized federal aid programs. I may also be required to re-pay the Housing Authority for any rent due as a result underpayment of rent by my family based on the false information provided.

\_\_\_\_\_  
*Applicant / Tenant Signature*

\_\_\_\_\_  
*Date*

**WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**      *(Department of Housing and Urban Development is the source of funding for the Housing Authority)*