SARASOTA HOUSING AUTHORITY	Tel 941.361.6210	Fax 941.366.4661	EQUAL HOUSING OPPORTUNITY TTY 1.800.955.8771
William O. Russell III President & CEO		269 S. Osprey Ave.	Sarasota, FL 34236
Current Date:			
I	, hereby declare that I am self	f employed and th	at I earn
\$ per () day () week	() month.		
This money is earned performing the follow	ing services:		

I understand that the income I state on this form will be used until my next annual recertification. At that time, I will be required to submit my most recent tax return for this self employment income. If it is determined that I have understated my income on this form, I may owe retroactive rent based on the amount that I report on my taxes. I further understand that I am responsible for turning in all documentation requested by the Housing Authority. If I fail to turn in documentation as requested, my voucher is at risk of being terminated.

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false statements to any department or agency of the United States is guilty of a felony.

Tenant Signature	Date
Address	Phone