

INCOME (MONEY RECEIVED BY RECIPIENT)			EXPENSE (COST OF SELF-EMPLOYMENT)		
DATE RECEIVED	TYPE OF INCOME	AMOUNT RECEIVED	DATE PAID	TYPE OF EXPENSE	AMOUNT PAID
TOTAL		\$	TOTAL		\$

I understand I must submit my ledgers quarterly to the Housing Authority while self-employed. I understand that I must submit a copy of my taxes to the Housing Authority each year once I file with the IRS.

I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief, is true, correct, and complete.

Signature

Date Signed

