

Self-Employment Verification (New Business)

Applicant's /Tenant's Name _____

Social Security # _____

Name of Business _____

Type of Business _____

Date Business Opened _____

This certifies that I, _____, receive a total of \$ _____ per month for the following work: _____.

I expect to earn approximately \$ _____ for the upcoming 12 months from _____, _____ (DATE), to _____, _____ (DATE).

Signature _____ Title _____
Print your name _____ Date _____
Address _____ Tel. # _____

State of Minnesota)
)ss.
County of)

Subscribed and sworn to before me, a notary public, this day of _____, 20____, by _____ name of person making certification.

_____[notary stamp or seal]
Signature (Notary Public)

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 208 (a) (6), (7) and (8).