

STATE OF _____

COUNTY OF _____

DATE _____

INCOME STATEMENT VERIFICATION FORM

TO WHOM IT MAY CONCERN:

I, _____, am self employed. My income last month was \$ _____. I expect to be making (within \$100 plus or minus) \$ _____ per month, this quarter.

I work approximately _____ days a month

AFFIANT

Subscribed and sworn to before me on this _____ day of _____, 20 _____.

Imprint Seal Here

Notary Public

My Commission Expires: _____

1001. STATEMENTS OF ENTRIES GENERALLY

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment not more than five years or both.