



SELF-EMPLOYMENT VERIFICATION FORM

Submit this form to the Longview Housing Authority.

Email: LHA@LongviewTexas.gov

Fax: (903) 237-1254

Mail: P.O. Box 1952, Longview, Texas 75606

Applicant/Participant Name: _____ Email: _____
Address: _____ Phone #: _____
Last 4 Digits of SSN: _____ Case Worker: _____

I. WORK CONTACT INFORMATION

Owner of Business: _____ Business Type: _____
Name of Business or DBA: _____
Address of Business: _____ Phone: _____
Start Date of Business: _____ End Date of Business: _____

II. WORK SCHEDULE (Please fill in the shift, days and, hours below)

Schedule Effective Date: _____

Complete the requested information in the chart below if you do not have a set schedule.

Month: _____	Number of Hours Worked	Number of Clients/Contracts	Weekly Gross
Week #1			
Week #2			
Week #3			
Week #4			

III. WORK ENVIRONMENT

- A. Are you working in your home or on the premises of your home? Yes No
- B. Does this work preclude your ability to care for your children while you are working? Yes No
- If yes, please list the specific child needs of each child: _____
- _____

SELF-EMPLOYMENT VERIFICATION CERTIFICATION

I certify that the information given to Longview Housing Authority regarding my self-employment status is accurate and complete.

Head of Household Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it an offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.