

QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.
Quapaw, OK 74363

(918) 238-3153
FAX (918) 238-3153

SELF EMPLOYMENT VERIFICATION INCOME VERIFICATION FORM

STATE OF : _____

COUNTY OF: _____

DATE: _____

To Whom I May Concern:

I, _____, am self-employed . My income last month was \$ _____.
(Name)

I expect to be making (within \$100 plus or minus) \$ _____ per month, this quarter. I work
approximately _____ days a month. The type of work that I preform is _____

Affiant

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

Notary Public

Imprint

Seal

Here

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 make any false fictitious, or fraudulent statements or representations, or make any false writing or documents knowing the same to contain any false, fictitious or fraudulent or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

June 25, 1948, c. 645, 62, Sat. 749