SELF-CERTIFICATION OF SELF EMPLOYMENT

I, (your name) ____________________________, certify that I am self-employed during the year 20____ and did receive income from any of the following sources:

- Self-Employment Income
- Worker’s Compensation
- Social Security Benefits
- Alimony or Separation Payments
- Retirement Payments
- Pensions or Annuity Income
- Disability Payments
- Unemployment Benefits
- Severance Pay
- Public Assistance Income
- Child Support Payments
- Military Compensation
- Rental Property Income
- Recurring Cash Contributions

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in __________________________ (city), __________(state).

__________________________________________________________________________
Signature

__________________________________________________________________________
Printed Name

________________________
Date

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE ________ DAY OF ___________, 201____

__________________________________________________________________________
Notary Public Signature

My Commission Expires: __________________________

Notary Stamp