



ARAPAHOE COUNTY

Arapahoe County Weatherization

907 Salida Way, Aurora, CO 80011

303-636-1982 – FAX: 303-636-1997

If you are self-employed or have been self-employed (which includes net income received from rental properties) during the past three months, please provide the following documentation and a detailed explanation regarding your income:

1. Copies of your self-employment pay stubs and/or invoices for the three most recent months or profit and loss statements;
2. For rental income, please provide a listing of all rental properties with the lease agreements indicating the monthly rent amounts as well as proof of mortgage payments for any/all properties for which there remains a mortgage, and any expenses incurred in maintaining the rental property in the three most recent months;
3. A detailed explanation of your self-employment, i.e., company name, type of work/services provided, pay rate, and frequency of work during the three most recent months; AND
4. A detailed explanation of the proof of income you are providing for the three most recent months OR a detailed explanation of why you cannot provide proof of your self-employment income.

Please complete and sign the affidavit below and have it notarized, before mailing it back.

AFFIDAVIT

I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that my gross income from self-employment for the last 30 days was \$_____, and that I have provided all proof of my self-employment income, and provided a detailed explanation of the work that I do as well as how I have been paying bills, etc. below:

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature Date

STATE OF _____ SEAL

COUNTY OF _____ SEAL

The foregoing instrument was acknowledged before me
this ____ day of _____, 20____, by _____

Notary Public's Signature Notary Name

Personally Known _____ OR
Type of Identification Produced _____