



**CARAWAY HOUSING AUTHORITY**

**P.O. DRAWER 489 \* 325 MISSOURI ST.**

**CARAWAY, ARKANSAS 72419**

**P (870)482-3736 \* F (870) 482-3136**

chatch2019@gmail.com

Sonya May, Executive Director  
Monica Jeffers, Asst. Director

Self-Certification for Income

I, \_\_\_\_\_, do hereby certify  
that I:

\_\_\_\_\_ a) DO NOT have any income at this time.

\_\_\_\_\_ b) Have income in the amount of \$\_\_\_\_\_

Source of income: \_\_\_\_\_

Income is received: \_\_\_\_\_ Weekly

\_\_\_\_\_ Bi-Weekly

\_\_\_\_\_ Semi-Monthly

\_\_\_\_\_ Monthly

Signature: \_\_\_\_\_

Date: \_\_\_\_\_