

ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)

Funded by MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

SELF-EMPLOYMENT VERIFICATION

FULL NAME OF APPLICANT/TENANT: _____

PRESENT ADDRESS: _____

This certifies that I, _____, received a total
of \$ _____ for the following _____
_____.

I expect to earn \$ _____ for the coming 12 months (from _____
to _____) for the following _____
_____.

Signature

Date

COMMONWEALTH OF MASSACHUSETTS

Berkshire, SS.

Date: _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally
appeared _____, proved to me through satisfactory evidence of
identification, which was _____, to be the person whose name is signed on
the preceeding or attached document, and acknowledged to me the he/she signed it voluntarily
for its stated purpose.

(official signature and seal of notary)

My Commission Expires: _____