

PO Box 453220 Grove, Oklahoma 74345| P: 918-787-5452 Ext. 6055 or 6056

STATE OF	
COUNTY OF	
DATE	

INCOME STATEMENT VERIFICATION FORM

TO WHOM IT MAY CONCERN:

I, ______, am self employed. My income last month was \$ ______. I expect to be making (within \$100 plus or minus) \$ ______ per month, this quarter.

My schedule that I work is (example: M-F): ______ days a week

and the hours I work are (Example 8:00 – 5:00) a week: ______.

AFFIANT

Subscribed and sworn to before 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 makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment not more than five years or both.

