



Housing Department
 Community Services Group, City of Kingston

Self Employment Verification

Applicant – Last Name	First Name	Initial	Home Phone Number	Business Phone Number
Applicant Address:				
Social Insurance Number	Applicant Signature		Date	

I, _____, hereby declare that I am self-employed as
Print Name of Applicant

_____ and have been carrying on this business
Nature/Name of Business

since _____.
DATE Business commenced

To date I have not filed an income tax return with respect to my self-employment.
 Yes No

The following is a statement of my gross earnings and allowable deductions for the past eight (8) weeks.

WK	Date	Gross Earnings	Less	Expenses	Equals	Net Income
1		\$	-		=	\$
2		\$	-		=	\$
3		\$	-		=	\$
4		\$	-		=	\$
5		\$	-		=	\$
6		\$	-		=	\$
7		\$	-		=	\$
8		\$	-		=	\$

Signature: _____ Date: _____

Notice with Respect to the Collection of Personal Information

Personal information as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, addresses and phone numbers, contained in this form or in attachments is collected by the Social Housing Registry Program pursuant to the *Housing Services Act, 2011* and the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m. 56) and will be used to determine eligibility for rent-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Questions about this collection should be directed to the Manager of the Social Housing Registry Program at the above address or phone number.