



**Harrison Housing Authority**  
 P.O. Box 1715 · 202 W. Stephenson · Harrison, AR 72602  
 870-741-8673 office · 870-741-6369 fax

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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: \_\_\_\_\_