

SELF-EMPLOYMENT VERIFICATION

Property Name: _____ Unit: _____

Resident Name: _____

Name of Business: _____

Mailing Address:: _____ Phone Number: _____

Type of Business: _____ Taxpayer ID #: _____

Business income counted toward income eligibility is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business, or principal payments on debt.

1. Date Began: _____ Position/Occupation: _____

2. Last Year's Income: _____

3. Anticipated Income: _____

4. Has business been continuous
(i.e.: months per year?) Yes No # Months per Year: _____

Attached is a **SIGNED, complete copy of my most recent federal income tax return (with appropriate schedules).**

or

This is a new business. Attached is a Profit and Loss Statement if available.

I hereby certify that the statements above are true and accurate to the best of my knowledge.

Signature

Date