Self-Employment Verification Instruction

**Purpose:** This form should be completed by self-employed applicants.

**Note:** If the applicant/resident has been self-employed long enough to have filed a tax return, this form does not take the place of a tax return but rather should be used in conjunction with the tax return including appropriate schedules.

**Specific Instructions:**

1. Enter property name and unit number.
2. Resident writes his/her name here.
3. Resident enters name of business.
4. Resident enters business mailing address and phone number.
5. Resident enters type of business and tax payer identification number.
6. Resident enters date business began and position or occupation.
7. Resident enters past year’s income.
8. Resident enters what s/he expects to earn for the year.
9. Resident indicates if business had been continuous and the number of months per year. If the business has not been continuous place a check mark in the “No” box.
10. Resident checks the appropriate box.
11. Resident signs and dates.
SELF-EMPLOYMENT VERIFICATION

Property Name: ________________________________ Unit: ________________________________

Resident Name: ____________________________________________

Name of Business: ____________________________________________

Mailing Address: ________________________________ Phone Number: ________________________________

______________________________________  ______________________  ______________________
City State Postal Code

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). Note: If not submitting prior year’s tax return please document why.

☐ 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

www.wshfc.org/managers/forms-RC.htm
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