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## SELF-EMPLOYMENT CERTIFICATION

RETURN TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

TEL #: \_\_\_\_\_

TEL #: \_\_\_\_\_

FAX #: \_\_\_\_\_

SOCIAL SECURITY #(s): \_\_\_\_\_

For the purposes of this form, income will be defined as net income from the operation of a business or profession, including cash withdrawals from the business for use by you or any family member. In determining net income, deduct business expenses, interest payments on loans unless loans are for expansion or capital improvements, and depreciation. Do not deduct principal payments on loans, expenses for business expansion and outlays for capital improvements.

Type of Business: \_\_\_\_\_

1. Date business began operation? \_\_\_\_\_
2. How long have you been in this business? \_\_\_\_\_
3. Anticipated income for the next 12 months: \$ \_\_\_\_\_
4. Income earned from the past 12 months : \$ \_\_\_\_\_

How did you arrive at your projection for the upcoming year? \_\_\_\_\_

Attach a **SIGNED** copy of your **business** and **personal** Federal Income Tax Return for the last two years.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

\_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.