

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