

SAMPLE
INCOME FROM BUSINESS OR SELF EMPLOYMENT VERIFICATION

To: _____ Date: _____

State and Federal Regulations require that we verify Business Income of the household applying for housing. This information will be used only to determine the eligibility status of the household. The applicant/resident hereby authorizes the release of information regarding his/her business.

Please complete the section below and return.

 Printed Name of Applicant/Resident Printed Name of Manager

 Signature of Applicant/Resident Date Signature of Manager Date

 Social Security Number Manager's Phone Number

Based on business transacted from _____ 20____, to _____, 20____.

- | | | |
|----|--------------------------------|----------|
| 1. | Gross Income | \$ _____ |
| 2. | Expenses: | |
| | (a) Interest on Loans | \$ _____ |
| | (b) Cost of Goods/Materials | \$ _____ |
| | (c) Rent | \$ _____ |
| | (d) Utilities | \$ _____ |
| | (e) Wages/Salaries | \$ _____ |
| | (f) Employee Contributions | \$ _____ |
| | (g) Federal Withholding Tax | \$ _____ |
| | (h) State Withholding Tax | \$ _____ |
| | (i) FICA | \$ _____ |
| | (j) Sales Tax | \$ _____ |
| | (k) Other | \$ _____ |
| | (l) Straight-Line Depreciation | \$ _____ |
| | TOTAL EXPENSES | \$ _____ |
| 3. | Net Income | \$ _____ |

 Printed Name of Person Providing Information Title

 Signature of Person Providing Information Date Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.