



Verification of Self-Employment

Name of Business: _____	Name of Owner: _____
Mailing Address: _____ _____	Tax Payer ID#: _____
Type of Business: _____ _____	Telephone: _____
	Fax: _____

Business income counted towards income eligibility for the Low-Income Housing Tax Credit Program 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 debts.

- Date Business Began: _____ Position/Occupation: _____
- Anticipated Income: \$ _____ Frequency: _____
- Last Year's Gross Income: \$ _____
- Additional Compensation: \$ _____ Frequency: _____
- Has business been continuous? Yes No Number of months per year: _____
 - Attach a SIGNED, complete copy (with appropriate schedules) of your most recent Federal Income Tax Return
 - If this is a new business, provide an anticipated Profit/Loss Statement completed by an accountant or attorney

Signature _____

Date _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

