



certification of income for self-employed persons

Head of Household Name	Unit Number
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I am a self-employed individual. I am providing the following information and documentation to verify my household income. I certify that the information shown on the attached required items is true and complete to the best of my knowledge.

Based on my previous and planned self-employment activities, I anticipate my income for the next 12 months will be \$_____.

Please choose and complete one of the following options.

☐ I have filed federal income tax returns as a self-employed person. Attached are the following required documents:

- Copy of my 20 ____ federal income tax returns as filed with the IRS
- Year-to-date profit and loss statement
- Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts

☐ I have not yet filed or am not required to file federal income tax returns as a self-employed person. Attached are the following required documents:

- Annual profit and loss statement for the previous year
- Copies of payments/checks received from customers or ledger cards, if available
- Year-to-date profit and loss statement
- Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Applicant/Resident Name

Date

Signature of Applicant/Resident

**STATEMENT OF NET INCOME FROM A BUSINESS
SELF EMPLOYMENT FINANCIAL STATEMENT**

Name of Applicant: _____ Unit: _____

Name of Business: _____ Date Business Opened: _____

Business Address: _____

Please attach three (3) years of your Federal and State tax returns, including any:

- a. Schedule C (small business income)
- b. Schedule E (rental property income)
- c. Schedule F (farm income)

Please complete the below **Income, Expense, and Net Profit**:

From: _____ (date) To: _____ (date)

Income

Sales/Service Income \$ _____

Other Business Income \$ _____

Total Business Income \$ _____

Expenses (*attach receipts for all items*)

Wages paid to employees \$ _____

Business Rent \$ _____

Business Telephone \$ _____

Business Utilities \$ _____

Business Insurance \$ _____

Business Advertising \$ _____

Business License and Fees \$ _____

Equipment rented or leased \$ _____

Business Supplies \$ _____

Continuing Education \$ _____

Taxes \$ _____

Other \$ _____

Net Profit (*minus total business income from net profit*) \$ _____

I hereby certify that the above information to be true and correct and to the best of my knowledge for the reporting period stated.

Signature of Applicant or Resident

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C., Section 408 (a) (6), (7) and (8).

TIP / GRATUITY INCOME AFFIDAVIT

Applicant/Resident: _____ Unit #: _____

Name of Employer: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Do you receive tips or gratuities at this job? ☐ YES ☐ NO

Please list the average amount of tip/gratuity received: \$ _____ per ☐ day ☐ week ☐ other _____

Are all tips reported to the employer? ☐ YES ☐ NO

If No, please explain: _____

_____.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature

Date