



SELF EMPLOYMENT SELF AFFIDAVIT

This program requires us to certify all of your income, assets, expenses and eligibility information as part of determining your household’s eligibility. Program requirements state that we must verify each income source, assets, and expenses as well as other claims of eligibility. We must determine this prior to granting your eligibility, and if such eligibility is granted, each subsequent year you receive your housing assistance.

COMPLETE THIS FORM IN ITS ENTIRETY (Front and back)

Head of Household’s Name: _____ Date: _____

Address: _____

City, State, Zip: _____ Phone Number: () _____

Self-employment/Business income is counted towards income eligibility for housing assistance. Income from the operation of the business or profession, including cash withdrawals from the business must be reported. Do NOT deduct depreciation, expenses, or payments made to expand the business or principal payments on debts. See Ledger on page 2 of this form.

Employee Name (if different than head of household): _____

Business Name: _____

Business Address: _____

Business City, State, Zip: _____ Phone Number: () _____

Position held: _____

Start Date: _____ Termination Date: _____

Anticipated income: _____ Frequency: _____ (weekly, bi-weekly, monthly, bi-monthly, etc)

Last Year’s income: _____ Frequency: _____ (weekly, bi-weekly, monthly, bi-monthly, etc)

Additional Compensation: _____ Frequency: _____ (Tips, advance payments, bonus, etc.) (weekly, bi-weekly, monthly, bi-monthly, etc)

A new self-employment/business: provide an anticipated Profit/Loss statement. Provide copies of receipts for expenses
Recertification: Attach a SIGNED copy of your Federal Income Tax Return including Profit/Loss for each year you have been self-employed/business owner. Previous year’s tax returns maybe used to determine future income.

Warning: Title 18, Section 1002 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 or Agency of the U.S. or the department of Housing and Urban Development.

Date	Income Source	Income Amount	Date	Nature of Expense	Expense Amount

I certify that the information given is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my program responsibilities and maybe subject to termination of assistance and/or criminal penalties.

Signature of self-employed person

Date

Signature of Head of Household, if not the self-employed person

Date

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