



SELF-EMPLOYMENT CERTIFICATION

Phone: (801) 284-4400 Fax: (801) 284-4406

Head of Household Name: _____ Client ID: _____

Name of Self Employed Person: _____ SSN: _____

Use this form to provide a summary of your self employment income and expenses from the last twelve months. Please include a detailed income / expense report for this period, if possible. Additionally, please attach a complete copy of your most recent tax return, including form 1040, Schedule C and Schedule SE if applicable.

1. Do you file income taxes for your Self Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why not?)			
2. Please state the reporting period for the following information: From (beginning date) _____ To (ending date) _____			
2. Description of Self Employment (type of business, etc.)			
3. Gross Income (total amount of income that you receive from self employment)			
Amount	Frequency	Address where Income can be Verified (if applicable)	<i>HA Use Only</i>
a.			
b.			
c.			
4. Business Expenses (expenses that you incurred as a result of conducting your business)			
Amount	Frequency	Description of Expense	<i>HA Use Only</i>
a.			
b.			
c.			
5. Net Income (total income minus total expenses)			
			<i>HA Use Only</i>

I further acknowledge and understand that this Self-Certification is true, correct, and complete and will be relied upon for purposes of determining income eligibility and/or renewal of assistance for the Section 8 Housing Choice Voucher Program / Low Income Public Housing. Any misstatement or false statement may result in denial/loss of rental assistance. In addition, I understand that I may be required to repay all rental assistance overpaid to my family due to fraud. **WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

X _____
Print Name Signature Date

X _____
Print Name Signature Date

