

Self-Employment Self-Affidavit

Head of Household's Name: _____ Date: _____

☐ **Initial Certification** **Date of Expected Move-In:** _____
☐ **Recertification** *(Annual or Interim)* **Effective Date:** _____

You have applied to live in an apartment that is governed by the federal government's Housing Credit Program. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source 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 remain in the unit.

COMPLETE THIS FORM IN ITS ENTIRETY.

Business income counted towards income eligibility for the Housing 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 debt.

1. **Name of Business:** _____ **Business Address:** _____
2. **Type of Business:** _____ **City, State, Zip:** _____
3. **Position Held:** _____ **Start Date:** _____
4. **Anticipated Income:** _____ **Frequency:** _____
(Next 12 months) *(Annually, Monthly, Weekly, etc.)*
5. **Last Years Income:** _____ **Frequency:** _____
(Past 12 months) *(Annually, Monthly, Weekly, etc.)*
6. **Additional Compensation:** _____ **Frequency:** _____
(Next 12 months) *(Annually, Monthly, Weekly, etc.)*
7. **Have operations been continuous?** ☐ Yes ☐ No

Attach a SIGNED copy of your Federal Income Tax Return including Profit/Loss Statement for each year you have been in business.

If this is a new business, you will need to provide an anticipated Profit/Loss Statement completed by an accountant or attorney.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: _____ **Date:** _____

Signature of Notary Public: _____ **Date:** _____

State Commission Issued: _____ **Commission Expiration Date:** _____

Office Use Only:

Date Received: _____ **Calculations** _____