



certification of income for self-employed persons and profit and loss statement

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.

Name of Business	Frequency of work
Address	Frequency of payments
Name of Owner(s)	Typical payment amounts
When was business started	Gross anticipated income
Type of business	Gross anticipated expenses
	Net anticipated income

please choose and complete one of the following options

- ☐ **I have** filed federal income tax returns as a self-employed person. **The following documents must be attached:**
- ☐ Copy of my 20____ federal income tax returns as filed with the IRS
- ☐ **I have not** yet filed or am not required to file federal income tax returns as a self-employed person. **The following documents must be attached.**
- ☐ Annual profit and loss statement for the previous year
 - ☐ Current profit and loss statement
 - ☐ Copies of payments/checks received from customers or ledger cards, if available

As part of the certification process, please complete the profit and loss statement for option one or two. Please use additional pages of the profit and loss statement as needed.

Household Name and Unit Number: _____

Profit and Loss Statement for year: _____

January	Income \$	July	Income \$
	Expense \$		Expense \$
	Net Monthly Income \$		Net Monthly Income \$
February	Income \$	August	Income \$
	Expense \$		Expense \$
	Net Monthly Income \$		Net Monthly Income \$
March	Income \$	September	Income \$
	Expense \$		Expense \$
	Net Monthly Income \$		Net Monthly Income \$
April	Income \$	October	Income \$
	Expense \$		Expense \$
	Net Monthly Income \$		Net Monthly Income \$
May	Income \$	November	Income \$
	Expense \$		Expense \$
	Net Monthly Income \$		Net Monthly Income \$
June	Income \$	December	Income \$
	Expense \$		Expense \$
	Net Monthly Income \$		Net Monthly Income \$
Total Year to Date Net Income			
Total Divided by Months			
Multiplied by 12 (for anticipated annual income)			

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist attached).

signature

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

Signature of Applicant/Resident

Date