

## SELF-EMPLOYMENT CERTIFICATION

Name of Self-Employed Person(s) \_\_\_\_\_

Name of Business: \_\_\_\_\_

Soc. Sec. Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

For the purposes of this form, income will be defined as NET INCOME from the operation of a business or profession, including cash withdrawals from the business for use by you or any family member. In determining net income, do not deduct depreciation, payments made to expand the business or principal payments on debt.

Occupation (Type of Business): \_\_\_\_\_

How long have you been in this business? \_\_\_\_\_

Anticipated income for the next 12 months? \_\_\_\_\_

Income earned from the past 12 months? \_\_\_\_\_

Income earned in the previous 13-24 months? \_\_\_\_\_

Please comment on how you arrive at your projection for the upcoming year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must attach a **SIGNED** copy (or documentation of Electronic Filing) of your Federal Tax Return for the two most recent fiscal years.

**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Resident

