



Head of Household Name: _____

Head of Household SS#: _____

SELF-EMPLOYMENT VERIFICATION

Name of Business Owner: _____

Name of Business: _____

Mailing Address: _____ Phone #: _____

Fax #: _____

Type of Business: _____ Taxpayer ID #: _____

Business income counted toward income eligibility 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. Date Began: _____ Position/Occupation: _____

2. Anticipated Income: _____ Frequency: _____

3. Last Year's Income: _____

4. Additional Compensation: _____ Frequency: _____

5. Has business been continuous (i.e.: months per year)? Yes No # Months per Year: _____

Attached is a **SIGNED, complete copy of my most recent federal income tax return (with appropriate schedules).**

or

This is a new business. Provide a Profit and Loss Statement if available.

I hereby certify that the statements above are true and accurate to the best of my knowledge.

Signature of Business Owner

Date

Please return completed form to: FAX #: (206) 256-7026