

## SELF-EMPLOYMENT AFFIDAVIT

Applicant/Tenant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

<b>THIS FORM TO BE COMPLETED BY APPLICANT/TENANT</b>
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You have applied for or currently reside in rental housing that operates under the Low Income Housing Tax Credit (LIHTC) and/or HOME programs. Provisions of these programs require verification of all income and assets, as well as other claims of eligibility. Please complete the following:

1. Business Name: \_\_\_\_\_ Taxpayer ID #: \_\_\_\_\_

2. Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
**(initial)** I understand that if my employment business is home-based, that I may use a portion of my low-income unit as a principle place of business and claim the associated expenses as tax deductions (on Schedule C and Form 8829), only if my low-income unit is my primary residence.

3. Position Held: \_\_\_\_\_ Date Began: \_\_\_\_\_

**Note: 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.**

4. Last Year's Income (past 12 months): \$ \_\_\_\_\_

5. Anticipated Income (next 12 months): \$ \_\_\_\_\_

6. Additional Income (next 12 months): \$ \_\_\_\_\_

Frequency of Pay (circle one): Monthly Quarterly Annually Other \_\_\_\_\_

7. Has business been continuous (i.e. months per year)?  YES  NO # Months per Year: \_\_\_\_\_

8. Check one of the following :

**Attached is a complete copy of my signed federal income tax return** (along with the appropriate schedules) for the most recent tax filing year.

**or**

**Attached is an anticipated Profit and Loss Statement** completed by an accountant or tax attorney for my new business (have not filed tax returns yet).

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.**

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**