

SELF-EMPLOYMENT AFFIDAVIT (NO TAX RETURN)

Applicant/Tenant Name: _____

Phone #: _____

Project Name: _____

Unit #: _____

Social Security #: _____

THIS FORM TO BE COMPLETED BY APPLICANT/TENANT

You have applied for or currently reside in a rental housing unit located in a development operating under the Low-Income Housing Tax Credit (LIHTC) and/or HOME Program. Provisions of this program require verification of all income and assets, as well as other claims of eligibility. Please provide the information requested below:

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. Please check the box next to the statement that applies to your situation:

Attached is an anticipated Profit and Loss Statement that I have completed for my new business (have not not filed tax returns yet).

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).

(initial) I understand that I will be required to submit my Federal Income Tax Return including a Profit and Loss Statement at my next scheduled annual recertification.

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.