

SELF-EMPLOYMENT AFFIDAVIT

Household Name: _____ Unit No. _____

Name of Business: _____ **Business Address:** _____
Type of Business: _____ **City, State, and Zip:** _____
Position Held: _____ **Start Date:** _____

PART A: (ESTABLISHED BUSINESS WITH FILED TAX RETURNS)

Number of Self-Employment Federal Tax Returns filed in the last two years: _____
Average net business income of the last two tax returns: \$ _____
Anticipated annual net business income: \$ _____

NOTE:

- **Support documentation (IRS Tax Returns including all applicable schedules and evidence of filing) MUST be attached.**
- If anticipated annual income is greater than the average of the tax returns, include the anticipated annual income.
- If anticipated annual income is less than the average of the tax returns, provide explanation; otherwise, include average of the tax returns.

PART B: (NEWLY FORMED BUSINESS WITH NO TAX RETURN)

A. ANTICIPATED GROSS ANNUAL INCOME \$ _____

B. ANTICIPATED EXPENSES

| | |
|---|-----------------|
| 1. Interest on Loan(s) | \$ _____ |
| 2. Cost of Goods/Materials | \$ _____ |
| 3. Business Rent | \$ _____ |
| 4. Utilities | \$ _____ |
| 5. Employees' salaries (other than self and family) | \$ _____ |
| Owner's salaries (self and family) | \$ _____ |
| 6. Employee Withholding Tax | \$ _____ |
| 7. Federal Withholding Tax | \$ _____ |
| 8. State Withholding Tax | \$ _____ |
| 9. FICA | \$ _____ |
| 10. Sales Tax | \$ _____ |
| 11. Straight Line Depreciation | \$ _____ |
| 12. Other: | \$ _____ |
| TOTAL EXPENSES | \$ _____ |

C. ANTICIPATED NET ANNUAL INCOME \$ _____

NOTE:

- **Support documentation (i.e. accountant's/ business's quarterly report, business licenses, bank statements, etc.) MUST be attached.**

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

Signature of Applicant/Resident

Printed Name

Date

In witness whereof, this _____ day of _____.

My commission expires: _____ (Notary Public): _____