

SELF-EMPLOYMENT CERTIFICATION

Unit Number: _____

Applicant / Resident Name: _____

I am an applicant / resident of a development that operates under the Low Income Housing Tax Credit (LIHTC) program. A requirement of this program is the verification of all income and assets to determine eligibility.

Please complete the following:

Business Name _____
Taxpayer ID # _____
Business Address _____

Phone # _____
Date opened _____
Last Year's Income (past 12 months): \$ _____
Anticipated Income (next 12 months): \$ _____
Frequency of Pay (circle one): Monthly / Quarterly / Annually / Other
Has business been continuous (i.e. months per year)? YES NO _____ # Months per Year

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

- Attached is a complete copy of my signed federal income tax return** (along with the appropriate schedules) for the most recent tax filing year.
- 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).
- Attached is an anticipated Profit and Loss Statement** that I have completed for my new business (have not filed tax returns yet).

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.

Initials

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