

SELF EMPLOYMENT VERIFICATION (EXISTING BUSINESS)

THIS SECTION TO BE COMPLETED AND EXECUTED BY TENANT

Applicant's Name

Social Security #

Address

City

State

Zip Code

Name of Business:

Type of Business:

Date Business Opened:

The following statement of income is based upon business transacted during the period of _____,
_____, (DATE) to _____, _____ (DATE).

- | | | | |
|----|-------------------------------|-----------|-------|
| 1. | Gross Income: | \$ | _____ |
| 2. | Expenses: | | |
| | a. Interest on Loan(s) | \$ | _____ |
| | b. Cost of Goods/Materials | \$ | _____ |
| | c. Business Rent | \$ | _____ |
| | d. Utilities | \$ | _____ |
| | e. Wages and Salaries | \$ | _____ |
| | f. Employee Withholding Tax | \$ | _____ |
| | g. Federal Withholding Tax | \$ | _____ |
| | h. State Withholding Tax | \$ | _____ |
| | i. FICA | \$ | _____ |
| | j. Sales Tax | \$ | _____ |
| | k. Other (Itemize on Reverse) | \$ | _____ |
| | l. Straight Line Depreciation | \$ | _____ |
| | Total Expense | \$ | _____ |
| 3. | Net Income | \$ | _____ |

Based on the above figures, I expect to earn \$_____ for the upcoming 12 months (from _____
_____, _____ (date), to _____, _____ (date)).

The information provided is substantiated by **attached** copies of my Federal Individual Income Tax return including Schedule C.

Signature

Printed Name

Date

Address/ City/State/Zip

Phone #

Fax #

E-mail

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.