## **SELF-EMPLOYMENT VERIFICATION**

## **MUST PRINT CLEARLY AND LEGIBLY**

Nam	e of Business	<del></del>
Addr	ess of Business	
Туре	of Business	
Date	Business Began	
****	***********	*************
<u>ANTI</u>	ICIPATED ANNUAL GROSS INCOME (for the next 12 months)	\$
<u>ANN</u>	UAL EXPENSES (LIST TYPE OF EXPENSE)	
		\$
		\$
		\$
	<del>-</del>	\$ \$
		\$ \$
		ses) \$*******************************
	<b>MUST</b> provide a copy of my most recent Fedoprofit and Loss Statement and Schedule C	eral Income Tax Return (with all appropriate Schedules) including  Or
	This is a new business. Provide a Profit and Loss Statement/Schedule C	
		nove are true and accurate to the best of my knowledge and any nination of housing assistance and termination of tenancy.
Signature		Date
 Print	Name	_