

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): _____