



**SELF-EMPLOYMENT
BUSINESS VERIFICATION**

Head of Household _____ Name of Self-Employed Person _____

Address: _____

To determine your eligibility for the AHA Housing Choice Voucher Program, please provide the following information:

1. Name of Business _____
2. Business Address _____
3. Type of business you operate _____
4. Date business started _____
5. Date City Business Operator's License expires _____
6. Number of Employees _____
7. Total income during LAST FULL calendar year _____
8. Total business expenses during LAST FULL calendar year _____
9. Net profit during LAST FULL calendar year _____

SUPPORTING DOCUMENTS (At least one of the following is required)

1. Copy of income tax return for previous calendar year (including Schedule C)
2. Licensed accountant or bookkeeper statement of current income and expense
3. Daily Record of Income and Expense for the last calendar year, and from January 1 of this year to present
4. Other (explain) _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. By signing below you acknowledge that all information provided on this statement is true and accurate.

Print Name

Signature

Date



BOOKKEEPING RECORDS

Name of Self-Employed Person _____

Name and type of Business _____

JANUARY

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

FEBRUARY

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

MARCH

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

APRIL

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

MAY

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

JUNE

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

JULY

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

AUGUST

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

SEPTEMBER

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

OCTOBER

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

NOVEMBER

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

DECEMBER

Income: \$ _____

Expense: \$ _____

Net Monthly Income: \$ _____

Total Year-to-Date Net Income: \$ _____

Divide by number of current months: \$ _____

Multiply by 12 months for anticipated Annual Income: \$ _____

Print Name

Signature

Date

