



# SELF-EMPLOYMENT CERTIFICATION

Phone: (831) 454-9455 Fax: (831) 469-3712

Head of Household Name: \_\_\_\_\_ Tenant ID: \_\_\_\_\_

Name of Self Employed Person: \_\_\_\_\_ SSN: \_\_\_\_\_

**Use this form to provide a summary of your self employment income and expenses from the last twelve months. Please include a detailed income / expense report for this period, if possible. Additionally, please attach a complete copy of your most recent tax return, including form 1040, Schedule C and Schedule SE if applicable.**

<b>1. Do you file income taxes for your Self Employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why not?)			
<b>2. Please state the reporting period for the following information:</b> From (beginning date) _____ To (ending date) _____			
<b>2. Description of Self Employment (type of business, etc.)</b>			
<b>3. Gross Income (total amount of income that you receive from self employment)</b>			
Amount	Frequency	Address where Income can be Verified (if applicable)	<i>HA Use Only</i>
a.			
b.			
c.			
<b>4. Business Expenses (expenses that you incurred as a result of conducting your business)</b>			
Amount	Frequency	Description of Expense	<i>HA Use Only</i>
a.			
b.			
c.			
<b>5. Net Income (total income minus total expenses)</b>			
			<i>HA Use Only</i>

I further acknowledge and understand that this Self-Certification is true, correct, and complete and will be relied upon for purposes of determining income eligibility and / or renewal of assistance for the Section 8 Housing Choice Voucher Program / Low Income Public Housing. Any misstatement or false statement may result in denial / loss of rental assistance. In addition, I understand that I may be required to repay all rental assistance overpaid to my family due to fraud. **WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

*X* \_\_\_\_\_  
Print Name Signature Date

*X* \_\_\_\_\_  
Print Head of Household Name Signature Date