

# AFFIDAVIT OF SELF EMPLOYMENT INCOME

DATE \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Property Name & Address

APPLICANT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE \_\_\_\_\_  
 SSN \_\_\_\_\_

DATE \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 FEDERAL TAX ID# \_\_\_\_\_

This form is used for self employed persons who do not have a federal tax number for their business and report all income to the IRS using their personal social security number.

Occupation	
Income earned from the past twelve (12) months? *	\$
How long have you been in this business?	
Anticipated gross income for the next twelve (12) months?	(A) \$
Anticipated business expenses for the next twelve (12) months?	(B) \$
Anticipated net income for the next twelve (12) months?	(A-B) \$

*\* Please attach a copy of your signed Federal Income Tax Return including Schedule C or a 3<sup>rd</sup> party financial statement for each year.*

I hereby certify, under penalty of perjury, that the above information is complete and accurate. I also understand that any false or misleading information is subject to criminal penalties, including penalties under the Statute of Frauds and would include termination of my lease.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me before under oath this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Printed Name of Notary Public \_\_\_\_\_

Notary Public, State of \_\_\_\_\_ My commission expires on \_\_\_\_\_.