PRESERVATION PARTNERS

SELF-EMPLOYMENT AFFIDAVIT

BUILDING NAME _____

RE: (APPLICANT/RESIDENT NAME) _____ **UNIT** _____ **SOCIAL SECURITY NO.** _____

I. THIS SECTION IS TO BE COMPLETED BY MANAGEMENT & EXECUTED BY APPLICANT/RESIDENT

You have applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to you.

1. Business Name: _____ Taxpayer ID # _____

2. Business Address: _____ Phone #: _____

_____ Fax #: _____

_____ **(Initial)** **I understand that if my employment business is home-based, that I may use a portion of my low-income unit as a principle place of business and claim the associated expenses as tax deductions (on Schedule C and Form 8829), only if my low-income unit is my primary residence.**

3. Type of Business: _____ Date Began: _____

Note: Business income counted toward income eligibility is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business, or principal payments on debt.

4. Last Year's Income (past 12 months): $ _____

5. Anticipated Income (next 12 months): $ _____

6. Additional Income (next 12 months): $ _____

Frequency of Pay (check one): ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other _____

7. Has business been continuous (i.e. months per year)? ☐ Yes ☐ NO # Months per Year: _____

8. Check one of the following:

☐ **Attached is a complete copy of my signed federal income tax return** (along with the appropriate schedules) for the most recent tax filing year.

or

☐ **Attached is an anticipated Profit and Loss Statement** completed by an accountant or tax attorney for my new business (have not filed tax returns yet). **(Attach a completed 4506-T).**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Printed Name	**Signature**	**Date**

PENALTIES FOR MISUSING THIS CONSENT:

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. HUD, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).