

SELF-EMPLOYMENT CERTIFICATION

(02/19)

APPLICANT INFORMATION

Name	Social Security Number		
Mailing Address	City	State	ZIP Code
Telephone Number	Email Address		

BUSINESS INFORMATION

Name of Business	Type of Business/Work		
Business Address	City	State	ZIP Code
Date Business Opened (If date is in a previous tax year, submit most recent tax return filed with this form.)			

BUSINESS INCOME

Income figures are based on an upcoming 12-month time period. Begin Date: _____ End Date: _____

1) Expected Gross Annual Income	\$
2) Anticipated Annual Expenses	
a) Interest on Loan(s)	\$
b) Cost of Goods/Materials	\$
c) Business Rent	\$
d) Utilities	\$
e) Wages and Salaries	\$
f) Employee Withholding Tax	\$
g) Federal Withholding Tax	\$
h) State Withholding Tax	\$
i) FICA	\$
j) Sales Tax	\$
k) Other (itemize on the reverse)	\$
l) Straight Line Depreciation	\$
Total Expense (Sum of items a through l)	\$
3) Expected Net Annual Income (Expected Gross Annual Income minus Total Expenses)	\$

Under penalties of perjury, I certify that the information presented in this Self-Employment Certification for New Business is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of the lease agreement.

Applicant Signature	Date
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