



Property Name:

Household Name:

Unit Number:

**TO BE COMPLETED BY THE APPLICANT/RESIDENT**

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Taxpayer ID#: \_\_\_\_\_

**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.**

1.) Date Began:

2.) Last Year's Income

3.) Anticipated Income:

4.) Has business been continuous?  Yes  No # of months/year:

5.) Are there any anticipated changes to the business's performance such as a reduction in staff or an increase in sales or funding that would expand the revenue?  Yes  No

Attached is a SIGNED, complete copy of my most recent federal income tax return (with appropriate schedules)

or

This is a new business. Attached is a Profit and Loss Statement if available.

I hereby certify that the statements above are true and accurate to the best of my knowledge.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date