



Good Neighbors

San Diego Housing Commission

- ◆ 1625 Newton Avenue
- ◆ San Diego, California 92113-1038
- ◆ 619/231 9400
- ◆ FAX: 619/578-7354
- ◆ www.sdhc.net

SELF-EMPLOYMENT INCOME VERIFICATION

Program Rules and Regulations require us to verify Business Income of all members of the household applying for participation in the relocation assistance program, which we administer. We ask your cooperation in supplying this information. This information will be used to determine the eligibility status. Your prompt return of the requested information is appreciated.

Date: _____

Project Address: _____ Unit # _____

Applicant Name/Resident Name _____

Name of Business: _____

Social Security Number/Tax Identification Number: _____

Occupation: _____

1. How long have you been in this business? _____

2. Anticipated *net income for the next 12 months \$ _____

3. Net income earned from the past 12 months \$ _____

4. Net income earned from the previous 13-24 months \$ _____

How did you arrive at your projection for the upcoming year? _____

*Net income from the operation of a business or profession, including cash withdrawals from the business for use by you or any family member. In determining net income, do not deduct depreciation, payments made to expand the business or principal payments on debt.

Attach a SIGNED copy of your Federal Income Tax Return for the most recent tax year.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with verification of income for the determination of relocation assistance under the City of San Diego Municipal Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Executed on _____ 20 _____, at _____ California

Signature