



Good Neighbors

San Diego Housing Commission

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

VERIFICATION OF INCOME FROM BUSINESS

Date: _____

Project Address: _____ Unit # _____

Applicant Name/Resident Name _____

Name of Business: _____

Social Security Number/Tax Identification Number: _____

Based on business transacted from _____ to _____

1. Gross Income \$ _____

2. Expenses

(a) Interest on loans \$ _____

(b) Cost of goods/materials \$ _____

(c) Rent \$ _____

(d) Utilities \$ _____

(e) Wages/salaries \$ _____

(f) Employee contributions \$ _____

(g) Federal Withholding Tax \$ _____

(h) State Withholding Tax \$ _____

(i) FICA \$ _____

(j) Sales tax \$ _____

(k) Other: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

(j) Straight line depreciation \$ _____

Total Expenses \$ _____

3. Net Income \$ _____

I hereby certify under penalty of perjury that the foregoing is true and correct. 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