

SELF-EMPLOYMENT CERTIFICATION

RETURN TO:

Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

DATE: _____ APT. #: _____

DEVELOPMENT NAME: Port Terrace Apartments

APPLICANT/RESIDENT: _____

NAME OF BUSINESS: _____

TEL.#: _____

SOCIAL SECURITY #(s): _____

For the purposes of this form, income will be defined as 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, deduct business expenses, interest payments on loans unless loans are for expansion or capital improvements, and depreciation. Do not deduct principal payments on loans, expenses for business expansion and outlays for capital improvements.

Type of Business: _____

1. Date business began operation? _____
2. How long have you been in this business? _____
3. Anticipated income for the next 12 months \$ _____
4. Income earned from the past 12 months \$ _____
5. Income earned in the previous 13-24 months \$ _____

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

Attach a **SIGNED** copy of your Federal Income Tax Return for the two most recent fiscal years.

I hereby certify 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 government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature Date

Witness Signature Date

FORM # 3

OFFICE USE ONLY:



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