

SELF-EMPLOYMENT or CASH INCOME AFFIDAVIT

Tenant Name: _____

You have applied to live in an apartment that is governed by the MDA Small Rental Assistance Program. This Program requires us to certify all of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY

I hereby attach copies of my individual federal tax returns for the immediate preceding two calendar years for which self employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the Small Rental Assistance Program is net income from the operation of a business or profession, including cash withdraws from the business. Do NOT deduct accelerated depreciation, payments made to expand the business or principal payments on debt.

Name of Business: _____

Type of Business: _____

Start Date: _____

Business Address: _____

Self-Employment Federal Tax Returns filed in the last two years:

_____	tax return income:	\$ _____
(Year of)		
_____	tax return income:	\$ _____
(Year of)		
	Total	_____
	Average:	<u>_____</u>

OR

Anticipated Weekly Income \$ _____ x 52 Weeks = _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Tenant Signature

Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 200__.

NOTARY PUBLIC

My Commission expires:
