

SELF-EMPLOYMENT CERTIFICATION

Head of Household Name:	LHTF or PBHP #:
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You have applied to receive assistance under a program operating under the State Housing Trust Fund (SHTF). This program requires us to certify all sources of income and all assets as part of determining your household’s eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY

Business income counted towards income eligibility for the SHTF program is net income from the operation of a business or profession, including cash withdrawals 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:	
Address:	City:	ST:	Zip:
Position/Title:	Start Date:		
Anticipated Income:	Frequency:	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:	
Last Years Income:	Frequency:	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:	
Have operations been continuous: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Attach a SIGNED copy of your Federal Income Tax Return including Profit/Loss Statement for each year in business (1040 with Schedule C). If a tax return is not available and this is a new business, you will need to provide an anticipated Profit/Loss Statement completed by an accountant or attorney.

Applicant Signature

Date

NOTE: It is a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the State of Iowa as to any matter within its jurisdiction.