

## 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.