



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

501 Cayuse Street  
Walla Walla WA 99362  
509-527-4542 \* Fax 509-527-4574  
Hearing-impaired use relay service  
www.wallawallaha.org \* wwha@wallawallaha.org



## VERIFICATION OF SELF-EMPLOYMENT

Name of Business: _____	Name of Owner: _____
Mailing Address: _____ _____	Tax Payer ID#: _____
Type of Business: _____	Telephone: _____
	Fax: _____

Business income counted towards income eligibility for the Low-Income Housing Tax Credit Program is net income from the operation of a business or profession, including cash withdrawals from the business. DO NOT deduct depreciation, payments made to expand the business or principal payments on debts.

- Date Business Began: \$ \_\_\_\_\_ Position/Occupation: \_\_\_\_\_
- Anticipated Income: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_
- Last Year's Income: \$ \_\_\_\_\_
- Additional Compensation: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_
- Has business been continuous? [ ] YES [ ] NO Number of months per year: \_\_\_\_\_

- Attach a SIGNED, complete copy (with appropriate schedules) of your most recent Federal Income Tax Return.
- If this is a new business, provide an anticipated Profit/Loss Statement completed by an accountant or attorney.

This form completed by:

Signature and Title

Date

**\*\*WARNING\*\* TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**