VERIFICATION OF INCOME FROM BUSINESS

(Name of HOME Participating Jurisdiction)	Based on business transacted from to	
AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	1. Gross Income 2. Expenses (a) Interest on loans (b) Cost of goods/materials (c) Rent (d) Utilities (e) Wages/salaries (f) Employee contributions (g) Federal Withholding Tax (h) State Withholding Tax (i) FICA (j) Sales tax (k) Other: (I) Straight line depreciation Total Expenses 3. Net Income	\$
RELEASE: I hereby authorize the release of the requested information.	Signature of or Authorized Representative	
(Signature of Applicant)		
Date:	Title:	
Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Date:	
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for		

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 of the United States Government.