



Growing Communities One Family At A Time  
For More Than 70 Years

**Housing Choice Voucher Program**

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Huntsville, AL 35804

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**SELF-EMPLOYMENT STATEMENT**

**Date:**

**Head of Household Name:**

**Last 4 of SSN#:**

**Address:**

**Phone Number:**

**Email:**

Use this form to provide a summary of your self-employment income and expenses from the last twelve months. Please include a detailed income / expense report for this period, if possible. Additionally, please attach a complete copy of your most recent tax return, including form 1040, Schedule C and Schedule SE if applicable.

**Name of Self-Employed Person:**

**1. Do you file income taxes for your Self Employment?** Yes No (If no, why not?)

**2. Please state the reporting period for the following information:**

From (beginning date) \_\_\_\_\_ To (ending date) \_\_\_\_\_

**3. Gross Income (total amount of income that you receive from self-employment)**

Amount	Frequency	Address where Income can be verified (if applicable)	HHA Use Only
a.			
b.			
c.			

**4. Business Expenses (expenses that you incurred as a result of conducting your business)**

Amount	Frequency	Description of Expense	HHA Use Only
a.			
b.			
c.			

**5. Net Income (total income minus total expenses)**

*HHA Use Only*

**PARTICIPANT CERTIFICATION**

I further acknowledge and understand that this Self-Certification is true, correct, and complete and will be relied upon for purposes of determining income eligibility and/or renewal of assistance for the Section 8 Housing Choice Voucher Program / Low Income Public Housing. Any misstatement or false statement may result in denial/loss of rental assistance. In addition, I understand that I may be required to repay all rental assistance overpaid to my family due to fraud.

**WARNING:** Title 18, Section 1001 of the United States 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.

**Signature:**

**Date:**