

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Housing Trust Fund Program



VERIFICATION OF INCOME FROM BUSINESS

Contract Administrator Name:	Contract Number:
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Address: _____

Phone:	Fax:	Email:
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Applicant Name: _____

RELEASE: Applicant's signature here authorizes the release and/or verification of the requested business information.

 Signature of Applicant

 Date

Authorization and Verification:
 State regulations require verification of employment and income of all members for any household who applies for HTF Program funds. We ask your cooperation in providing this information to the above- referenced Contract Administrator. The information you provide will be used only to determine the eligibility status of the applicant household.

Based on business transacted from _____ to _____

Gross Income	\$ _____
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) Straight-line depreciation	_____
(l) Other:	_____
_____	_____
_____	_____
Total Expenses	\$ _____
Net Income	\$

Signature of Authorized Representative: _____

Title:	Date:	Phone:
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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.