VERIFICATION OF: Income from Business

(Name of HOME Participating Jurisdiction)	Based on business transacted from to
	1. Gross Income \$
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 re-examine 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.	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 Applicant) Date: Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of or Authorized Representative or Title: Date: Telephone:
WARNING: Title 18, Section 1001 of the U.S. Code knowingly and willingly making false or funited States Government.	states that a person is guilty of a felony for raudulent statements to any department of the