**VERIFICATION OF: Income from Business**

(Name of HOME Participating Jurisdiction)

Based on business transacted from _________ to _________

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 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 ___________________________**

Authorized Representative

Title: ___________________________

Date: ___________________________

Telephone: _______________________

**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.