



## **CARIBOU HOUSING AGENCY**

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

Telephone: (207) 493-4234

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[www.cariboumaine.org](http://www.cariboumaine.org)



### **SELF-EMPLOYMENT CERTIFICATION**

Use this form to provide a summary of your self-employment and expenses from the last twelve (12) 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, and Schedule C.**

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Name of Self-Employed Person:** \_\_\_\_\_

1. Did you file income taxes for your Self-Employment?

☐ Yes

☐ No If no, why  
not? \_\_\_\_\_

2. Please state the reporting period from the following information:

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

3. Description of Self-Employment (type of business, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<b>Amount</b>	<b>Frequency (weekly/monthly)</b>	<b>Address where Income can be Verified (if applicable)</b>
\$		
\$		
\$		
\$		

5. Business Expense (expenses that you incurred as a result of conducting your business)

<b>Amount</b>	<b>Frequency (weekly/monthly)</b>	<b>Description of Expense</b>
\$		
\$		
\$		
\$		

6. Net Income (total income minus total expenses)

\$
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### **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.**

**Any misstatement or false statement may result in denial/loss of rental assistance.**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

x. \_\_\_\_\_  
Signature of Self-Employed Person

**\*\*If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.\*\***