

**CITY OF SHORELINE
SELF-EMPLOYMENT VERIFICATION**

Property Name: _____

Unit: _____

Resident Name: _____

TO BE COMPLETED BY THE APPLICANT

Name of Business: _____

Mailing Address: _____

Phone Number: _____

Type of Business: _____

Taxpayer ID#: _____

Business income counted toward income eligibility is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business, or principal payments on debt.

1.) Date Began:

2.) Last Year's Income

3.) Anticipated Income:

4.) Has business been continuous?

Yes

No

of months per year:

Attached is a SIGNED, complete copy of my most recent federal income tax return (with appropriate schedules)

or

This is a new business. Attached is a Profit and Loss Statement if available.

I hereby certify that the statements above are true and accurate to the best of my knowledge.

Signature

Date