Washington County Housing Authority **Self-Employment Profit and Loss statement**

Any HCV participant/applicant who is self-employed or an independent contractor should complete this form if they do not already have their own profit and loss form.

Company Name: _____ Percent of Ownership_____%

Company Address:_____

Type of Business:_____

Borrower Name(s): _____

Loan Number: _____

Dates Reported (MM/DD/YY - MM/DD/YY) _____

(Must be minimum of 3 full months)

Please fill in the fields that apply to your business

GROSS INCOME	
Gross Sales (Total amount of income from sales or service before subtracting expenses)	$
Other Income (Any other additional funds earned through the company such as payments from people leasing space or payments from investors)	$
Total GROSS INCOME BEFORE TAXES	$

EXPENSES	
Cost of Goods Sold (Direct costs to produce or obtain the goods sold by the company)	$
Accounting and Legal Fees	$
Advertising	$
Insurance (Do not include homeowner insurance)	$
Maintenance and Repairs	$
Supplies	$
Payroll Expenses (Salaries and wages for borrower(s) on the mortgage loan)	$
Payroll Expenses (Salaries and wages for employees who are not borrower(s) on the mortgage loan)	$
Postage	$

(Over, please)

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Please fill in the fields that apply to your business

Rent	$
Licenses	$
Taxes (Do not include Real Estate taxes on the property; do not include Income Taxes on the business - include the total of any other taxes that you have to pay for the business)	$
Telephone	$
Travel/Transportation	$
Utilities	$
Other (Total and explanation of any other expenses not already listed) _____ _____ _____	$
Total EXPENSES	$

NET INCOME	
Net Income Before Taxes	$
Taxes (Paid on Business Income)	$
Total NET INCOME AFTER TAXES	$

By signing this document, I/we certify that all the information is truthful. I/we understand that knowingly submitting false information may constitute fraud.

Printed Name(s) _____

Signature _____ Date _____

Signature _____ Date _____