



M-19J Verification of Self Employment/Business

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Applicant Name: _____

Address: _____

Phone: _____

This certifies that I, _____, earn an average of

\$ _____ per () Week () Month () Year

Signature of Applicant _____ Date _____

Federal regulations require verification of income from all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. I understand that the penalty for knowingly providing false information is up to (5) years in prison and/or \$10,000 fine upon conviction.

THIS SECTION TO BE COMPLETED BY BUSINESS OWNER

1. Based on business transacted from _____ to _____

2. Gross Income: \$ _____

3. 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 \$ _____

_____ \$ _____

_____ \$ _____

(l) Straight line depreciation \$ _____

Total Expenses: \$ _____

4. Net Income: \$ _____

****You must submit with this form an official copy of your most recent Federal Income Tax Return. You can obtain this official copy from the IRS by completing the 4506-T Request for Transcript of Tax Return form and a copy will be mailed to you.****

Authorized Signature _____ Printed Name _____ Date _____

Title _____ Address _____

Phone # _____ Fax # _____ Email _____

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.