

Verification of Income from Business

Federal Regulations require us to verify Business Income of all members of the household applying for participation in the HOME/NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

I hereby authorize the release of the information requested below.

Please fax back to: Asset Management & Realty, Inc.
P.O. Box 1558, Fort Lauderdale, FL 33302
Fax-954-671-6390

Name and Address of Applicant(s)

Signature

Date

THIS SECTION TO BE COMPLETED BY BUSINESS OWNER

Based on business transacted from _____ to _____

Gross Income	\$ _____
Expenses	\$ _____
Cost of Goods/Materials	\$ _____
Rent	\$ _____
Utilities	\$ _____
Advertising	\$ _____
Repairs/Maintenance	\$ _____
Phone	\$ _____
Wages/Salaries	\$ _____
Federal Withholding Tax	\$ _____
FICA	\$ _____
Sales Tax	\$ _____
Net Income	\$ _____

Representative Signature

Print Name

Date

Phone #

Title (please print)

WARNING: Title 18, section 1001 of the US 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.

