WASHINGTON COUNTY
OREGON

SELF EMPLOYMENT FORM:

Due by: _____

For the last three (3) months, please provide the following:

Month of: _____

Total Monthly Gross Income:_____

Total Monthly Costs/Expenses:_____

Net monthly income:_____

Month of: _____

Total Monthly Gross Income:_____

Total Monthly Costs/Expenses:_____

Net monthly income:_____

Month of: _____

Total Monthly Gross Income:_____

Total Monthly Costs/Expenses:_____

Net monthly income:_____

I hereby certify the above information to be true and complete. All receipts available to me are attached to this form.

Printed Name_____ Address_____

Signature_____ Date_____

Department of Housing Services
161 NW Adams Ave, Suite 2000, MS 63, Hillsboro, OR 97124-3072
(503) 693-4794 • fax (503) 693-4795 • TTY (503) 693-4793

Equal Housing Opportunity

SELF-EMPLOYED MONTHLY FINANCIAL STATEMENT

MONTH OF _____

Business Name:	Tenant Name:	Home Phone:
Street Address:	City/State:	Zip Code:
Type of Business:		Business Phone:

1. Total Sales for Month (Gross)			
2. INVENTORY:	a. Value at Start of Month		
	b. ADD: Purchases		
	c. ADD: Cost of Raw Materials		
	d. SUBTOTAL (Add 2a + b + c)		
	e. Less Value at End of Month		
3. Cost of Materials/Supplies used (Goods sold): Subtract d - e			
4. Wages paid to helpers			
5. Taxes and Assessments on business property			
6. Rent paid on business property			
7. Other expenses:	a. Professional fees		
	b. Utilities		
	c. Telephone		
	d. Equipment Repairs		
	e. Advertising		
	f. Insurance		
	g. Interest on Loan		
	h. Other		
8. TOTAL COST OF BUSINESS: (add 4, 5, 6, 7 a through h)			
9. **NET INCOME** (Subtract 1 - 9)			

Copies of all available receipts and statements to verify income and expenses must be attached to this report for each month reported for.

WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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