



Housing Authority of Thurston County
 1206 12th Avenue SE • Olympia, WA. 98501
 Tel: (360) 753-8292 • Fax: (360) 586-0038
 www.hatc.org

SELF-EMPLOYMENT INCOME REPORT

Name: _____ Date: _____

Business Name: _____ Type of Business: _____

Business Address: _____ Date Business Started: _____

Do you have a business license? Yes / No If yes, what is your Tax ID #? _____

Is the business seasonal? Yes / No If yes, what months is business active: _____

Do you have a bank account specifically for the business? Yes / No

If yes, please provide a complete copy of each of the last six statements.

Do you file a business tax return? Yes / No If yes, please provide a copy of the last tax return.

Please complete the following to show Business Income for the last three months:

| | | | |
|-------------------------------|--|--|--|
| Month | | | |
| Income from Sale of Product | | | |
| Income from Services Provided | | | |
| Total Monthly Income | | | |

Please complete the following to show Business Expenses for the last three months:

| | | | |
|---------------------------------|--|--|--|
| Month | | | |
| Employee Wages | | | |
| Business Rent | | | |
| Business Utilities | | | |
| Taxes | | | |
| Insurance | | | |
| Materials & Supplies | | | |
| Transportation | | | |
| Other Expenses (please explain) | | | |
| Total Expenses | | | |

Please complete the following to show Total Income, Total Expenses, and Net Profit:

| | | | |
|------------------------------|--|--|--|
| Month | | | |
| Total Income | | | |
| Total Expenses | | | |
| Net Profit (Income-Expenses) | | | |

- I understand that I must be able to verify all the information provide on this form.
- I authorize HATC to contact the appropriate parties to verify the information provided.
- I declare the statements above are true and correct to the best of my knowledge.

Signature: _____