



Housing Authority of Thurston County
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 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: _____