



City of Houston
 Housing and Community Development
 HOME INVESTMENT PARTNERSHIP PROGRAM/
 COMMUNITY DEVELOPMENT BLOCK GRANT
 Verification of Income from Business

Property Name:	FC Number:
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Applicant Name:

Address:	City:	State:	Zip:
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Phone:	Fax	Email:
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Authorization and Verification:
 Federal Regulations require verification of employment and income of all household members applying for a HOME assisted unit. All income must be re-examined periodically.

Release:
 The applicant's signature on this form or on the attached Tenant Release and Consent form authorizes the release and verification of the information requested.

Signature of Applicant Date

Start Date: _____ through _____.

Gross Income	\$	_____
Rent	\$	_____
Cost of Materials	\$	_____
Wages/Salaries	\$	_____
Utilities	\$	_____
Interest on Loans	\$	_____
Employee Contributions	\$	_____
Federal Tax Withholding	\$	_____
FICA	\$	_____
Sales Tax	\$	_____
Depreciation	\$	_____
Other (Explain) _____	\$	_____
Total Expenses	\$	_____
Net Income	\$	_____

_____	_____	_____
Signature of Authorized Representative	Date	Title