



HOUSING AUTHORITY

1276 River Street, Suite 300
Boise, Idaho 83702-7049
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EXECUTIVE DIRECTOR
DEANNA L. WATSON

Self-Employment Report

Name: _____ Business Address: _____

Business Name: _____

Business Phone: _____ Type of Business: _____

Timeframe provided (must be the last 12 months): _____ to _____

Receipts and records of expense(s) must be attached to this form. You must also provide a copy of your most recent tax return. Please note that BC/ACHA uses the IRS Self Employment Guidelines for expenses and deductions.

Part 1 – Income

Gross Receipts or Sales	\$ _____
Net Profit from Sale or Capital Assets	\$ _____
Total of Part 1	\$ _____

Part 2 – Business Cost/Deductions: List only deductions that may apply to you for conducting your business. First-time expenses should be verified.

Cost of Labor (non-housed members)	\$ _____
Cost of Materials/Goods/Inventory	\$ _____
Office Expense(s)	\$ _____
Rent/Tax on Business Property	\$ _____
Business Phone/Utilities	\$ _____
Vehicle Expense/Mileage (Not to and from home)	\$ _____
Advertising/bad debt	\$ _____
Insurance/Worker's Compensation	\$ _____
Interest on Business Loans	\$ _____
Legal/Professional fees	\$ _____
Repairs	\$ _____
Other: _____	\$ _____
Total of Part 2	\$ _____

Total of Part 1: \$ _____ Less Total of Part 2: \$ _____ = Net Income: \$ _____

I certify that all the information provided on this form is true and complete to the best of my knowledge and belief. I know that I am required to provide documentation of income and expenses with this form. I understand if I don't provide adequate documentation my housing assistance could be terminated. I know that it is my responsibility to report any increase in my self-employment income within 10 days of the occurrence.

Signature

Date

