



**Texas General Land Office**  
**Community Development and Revitalization**  
**Form 14.09 Verification of Income from Business**

Applicant Information		
<b>Program:</b>		<b>Disaster:</b>
<b>Applicant Name(s):</b>		
<b>Application ID:</b>		
<b>Applicant Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Household Member Name</b> <i>A separate form must be completed for each household member over the age of 18 who is verifying income through income from a business.</i>		
<b>Household Member Name:</b>		
<b>Business Income Information</b> <i>List estimated total expenses from your business over the next 12 months</i>		
<b>Start Date:</b>		<b>End Date:</b>
<b>Gross Income: \$</b>		
<b>Expense</b>	<b>Total Expense Amount for 12 Months</b>	
Interest on loans	\$	
Cost of goods/materials	\$	
Rent	\$	
Utilities	\$	
Wages/Salaries	\$	
Employee Contribution	\$	
Federal Withholding Tax	\$	
State Withholding Tax	\$	
FICA	\$	
Sales Tax	\$	
Straight-line Depreciation	\$	
<b>Other (Provide description):</b>	\$	
<b>Total Expenses:</b>	\$	

### Verification

By my signature below, I verify the information provided herein is true and correct. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.

**Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.**

### Signature

**Household Member Printed Name:**

**Date:**

**Household Member Signature:**