



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

Applicant Information		
Program:		Disaster:
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Household Member Name <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>		
Household Member Name:		
Business Income Information <i>List estimated total expenses from your business over the next 12 months</i>		
Start Date:		End Date:
Gross Income: \$		
Expense	Total Expense Amount for 12 Months	
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	\$	
Other (Provide description):	\$	
Total Expenses:	\$	

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: Print and add signature in designated spot.