



City of Falls Church Department of Housing & Human Services
AFFORDABLE DWELLING UNIT (ADU) RENTAL PROGRAM
SELF-EMPLOYMENT VERIFICATION FORM

300 Park Avenue 102W, Falls Church, VA 22046

Office Hours: 8am - 5pm; Monday - Friday

Tel: 703-248-5005, TTY 711 Fax: 703-248-5149

Email: HHSInfo@FallsChurchVA.gov Website: www.fallschurchva.gov/HHS



This program requires us to verify Employment Income of all members of the household applying for participation in the ADU program, which we operate and we will re-examine this income periodically. This includes self-employment. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status.

I _____, confirm the below information being provided to Housing &
 (Print Full Name)

Human Services for the City of Falls Church to be accurate in determining income from self-employment over the last twelve months. .

 Signature

 Date

Gross Annual Income: \$ _____

From: _____ **To:** _____

Expenses:

(a) Interest on Loans	\$ _____
(b) Cost of goods/materials	\$ _____
(c) Rent	\$ _____
(d) Utilities	\$ _____
(e) Wages/Salaries	\$ _____
(f) Employee Contributions	\$ _____
(g) Federal Withholding Tax	\$ _____
(h) State Withholding Tax	\$ _____

(i) FICA	\$ _____
(j) Sales Tax	\$ _____
(k) Other:Please List	\$ _____
i.	\$ _____
ii.	\$ _____
iii.	\$ _____
iv.	\$ _____
(i) Straight Line Depreciation	\$ _____

Total Expense: \$ _____

Net Income: \$ _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Information furnished to the City of Falls Church Housing and Human Services will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom of Information Act, Code of Virginia, Section 2.1.340 through 346.1 as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended. Please allow seven (7) working days for preparation of materials. The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5005, (TTY 711)