



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
Affordable Housing Program

AAA-XXXX
02/10/2023

Self Employment Income Affidavit

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? No [] Yes [] If yes, please provide Taxpayer ID# _____

If YES, please submit tax returns with schedule C for the past 3 years.

If NO, please state why: _____

- If tax returns were not filed, please submit a profit/loss report for each month since the business started
Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.



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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature: _____ **Date:** _____

We are governed by the County to verify income of program participants. All information you furnish will be kept in strict confidence. Your prompt response is greatly appreciated.

If you have any questions in completing this form, please contact:

affordablehousing@co.slo.ca.us