



Home Match

A COVIA COMMUNITY SERVICE

Self-Employment Income Verification Form

Full Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Type of Business: _____ Business Start Date: _____

Monthly Hours: _____ # Employees: _____

Please complete the **Profit & Loss Statement** below for the **past 12 months**. Total Income must be supported with at least **3 months' bank statements** showing deposits equal to the stated monthly income.

Month/Year	Total Income	Total Expenses	Profit or Loss

I hereby certify that, to the best of my knowledge, the above statements are true and correct.

Signature: _____ Date: _____