CITY OF MOORPARK FIRST TIME HOME BUYER PROGRAM
SELF-EMPLOYMENT

***Applicant Name:**	

*Fill out one form per self-employed individual

Business Name:	

Actual Earnings for Self-Employment

Note: Attach all source documents, third party verifications, and calculations used to complete this form. Information will not be considered valid without verification.

Please report earnings for the most recent 90-days.

In the list below, please indicate the "month" for which the *earned gross income* (the amount before any expenses are removed) are being reported. Then below each month, indicated all gross earnings received for your business .

	Month 1 Gross Earnings - "Month:"	Month 2 Gross Earnings - "Month:"	Month 3 Gross Earnings - "Month:"
Total	0.00	0.00	0.00

Actual Expenses for Self-Employment

Note: Attach all source documents, third party verifications, and calculations used to complete this form. Information will not be considered valid without verification.

Please report business expenses for the most recent 90-days.

In the list below, please indicate the "month" for which the business expenses are being reported. Then below each month, indicated all expenese you wish to claim for your business . Please ensure only tax approved expenses (appearing on Schedule C) are reported below. If you do not verify the expenses, it will not be counted. Should you have *annual* business expenses (occurs once a year), please add them to the "Annual" column.

	Month 1 Expenses - "Month:"	Month 2 Expenses - "Month:"	Month 3 Expenses - "Month:"	Annual - one-time expense(s)
Total	0.00	0.00	0.00	0.00

Actual Net Income from Self-Employment

The net income from the operation of a business or profession will be used for annual self-employment income. Net income will be counted by using the *gross income less verified business expenses* .

	Total Earnings (from Page 1)	**Total Expenses** (from Page 2)
Month 1 -	0.00	0.00
Month 2 -	0.00	0.00
Month 3 -	0.00	0.00
Annual		0.00
	0.00	

I _____declare that all of the information provided on this form is true and correct.

Signature _____

Date _____