VERIFICATION OF BUSINESS EXPENSES			
REQUEST FOR INFORMATION  Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower's Certification and Authorization provides the applicant's authorization.  Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call at			
APPLICANT IDENTIFICATION Name		Social Security Number	
REQUESTED Based on busine 1. Gross Inco 2. Expenses: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) 3. Net Income	Interest on Loans Cost of Goods/Materials Rent Utilities Wages/Salaries Employee Contributions Federal Withholding Tax State Withholding Tax FICA Sales Tax Other Straight Line Depreciation Total Expenses		
VERIFIER INFORMATION: Please sign this number of the verifier.  Name:  (Signature)		Title:	rint the name, address and telephone
WARNING: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)			