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Dover, DE 19901  
302-678-1965 *voice*  
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1-800-545-1833, ext. 816 TDD  
[dover.housingauthority@dhade.org](mailto:dover.housingauthority@dhade.org) *email*

**SELF-EMPLOYED BUSINESS OWNED OR OPERATED**

Resident's Name:	<input type="text"/>	Account No.:	<input type="text"/>
Type of Business:	<input type="text"/>	Business Address:	<input type="text"/>
Length of Time in Business:	<input type="text"/>	Partner's Name:	<input type="text"/>
Initial Investment:	<input type="text"/>	How Financed:	<input type="text"/>

COMPLETE STATEMENT OF INCOME AND EXPENSE FOR PERIOD FROM   
THRU TO

GROSS INCOME FOR THE PERIOD \$

**LESS: OPERATED EXPENSES**

Rent \$	<input type="text"/>
Heat \$	<input type="text"/>
Gas \$	<input type="text"/>
Light \$	<input type="text"/>
Telephone \$	<input type="text"/>
Stock & Supplies \$	<input type="text"/>
Salaries, Wages, Commissioners Paid \$	<input type="text"/>
Repairs & Replacement of Equipment \$	<input type="text"/>
Taxes \$	<input type="text"/>
Other \$	<input type="text"/>

TOTAL OPERATING EXPENSES \$	<input type="text"/>
NET INCOME FOR THE PERIOD \$	<input type="text"/>

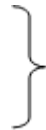
COST OF INVENTORY ON HAND \$

COST OF EQUIPMENT \$


**AFFIDAVIT**

**STATE OF DELAWARE**

**COUNTY OF KENT**



**SS**

**[ ] being duly sworn, deposed and says that the above is a true and complete statement of his gross income received from his business, and his expenses, net income, inventory on hand, and cost of all equipment.**

**SUBSCRIBED AND SWORN TO before me on this [ ] day of**

**[ ] A.D. 20 [ ]**

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**Notary Public**