

**Income Statement for Self-Employed  
(New Business) Form**  
- Housing Providers -

**- IMPORTANT -**

- Please attach the Certificate of Business, bank statements and other documents to support information declared on this form.
- Also note that after year one (1), income will be re-calculated based on your Notice of Assessment, T1 General, T2, T4, T5 and T2125, whichever is applicable.
- This form is for a business that has been in operation for less than one (1) year.

**Name of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**Name of Business Owner:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Percent of Ownership:** \_\_\_\_\_ %  
*(i.e. Sole Ownership, Partnership, Incorporated...)*

<b>Business Start Date:</b> <i>(mm/dd/yyyy)</i>		<b>Fiscal Year End Date:</b> <i>(mm/dd/yyyy)</i>	_____
<b>Reporting End Date:</b> <i>(mm/dd/yyyy)</i>		You will be required to submit the business' first Income Tax Return within 4 months of this date.	

**Income**

**Indicate the Current Month:** \_\_\_\_\_

<b>3 Full Previous Consecutive Months</b>	<b>Name of Month 1:</b>		<b>Income Month 1:</b>	\$
	<b>Name of Month 2:</b>		<b>Income Month 2:</b>	\$
	<b>Name of Month 3:</b>		<b>Income Month 3:</b>	\$
			<b>Total Income:</b>	\$

<b>Signature of Business Owner:</b>	<b>Date Signed:</b> <i>(mm/dd/yyyy)</i>	
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**Notice with Respect to the Collection of Personal Information**  
(Municipal Freedom of Protection of Privacy Act and Housing Services Act, 2011)

Personal information provided in this application is collected by The Regional Municipality of Peel and/or housing provider under the authority of *Housing Services Act, 2011, s.13 and s.174*, for the purpose of determining initial and continuing eligibility for housing subsidy and/or Rent-Geared-to-Income housing assistance. Questions or concerns about the collection, use or disclosure of personal information may be directed to:

<b>Name of Housing Provider:</b>		<b>Name of Representative:</b>	
<b>Contact Information of the Housing Provider</b>	Address:		
	Phone #:		