

DEMAP: Self-Employment Verification

Applicant Information

Name: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Self-Employment Information

Business Name: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Business Type: _____

Description of how business has been impacted as a direct result of COVID-19 pandemic:

Prior income: \$ _____ Per: _____

Current income: \$ _____ Per: _____ Effective date: _____

Please provide 2019 Tax Returns and/or bank statements to document the losses described above.

Authorization

Please sign below to certify that the information presented in this form is true and correct, to the best of your knowledge, and is not submitted for any fraudulent, improper, or illegal purposes. By signing this form, you also agree that a representative from Delaware State Housing Authority (DSHA) may contact you regarding any questions or need for further information.

Applicant Signature: _____ Date: _____

Electronic Signature acceptable.