

WATERVIEW HOMES OURAY
SELF-EMPLOYMENT STATEMENT
Business Detail

Applicant's Name: _____

Business Name: _____ Address: _____

Nature of Business: _____

Dates of self-employment: _____ to _____

Number of **months** worked during the previous 12 months: _____

Number of months you worked a minimum of 40 hours: _____

Number of **hours** worked during the reporting period: _____

Hours worked **within** the Ouray County boundary: _____

Hours worked **outside** the Ouray County boundary: _____

Number of hours anticipated in the next 12 months: _____

REQUIRED DOCUMENTATION:

- **Copy of a business license for compliance period**
- **Copy of professional licenses** (if applicable)
- **Verification of hours worked within Ouray County reported above**
 (i.e. - invoices, ledgers, business logs of clients with locations, dates/times/hours worked)
- **Client Verification of Income and Hours Form** (third party verification is preferred and may be required)

CERTIFICATION

I can provide names and addresses of clients, jobs, and other pertinent information to support my employment upon request. I understand that this information may be used to verify my qualification for ownership and/or occupation of deed restricted housing. I will provide other information pertaining to my qualifications under the deed restriction as requested.

Under penalty of perjury, I, the undersigned, declare that all information submitted, including attachments submitted to Impact Development Services verify my self-employment, are true, complete, and correct to the best of my knowledge and belief.

 Signature Date

STATE OF COLORADO)
) ss.
 COUNTY OF OURAY)

Sworn to, before me, by _____ this _____ day of _____, 20__.

Witness my hand and official seal.

My Commission Expires: _____

 Notary Public

**CLIENT VERIFICATION INCOME AND HOURS
WITHIN OURAY COUNTY BOUNDARIES**

Release of Information

I hereby authorize the individuals contacted in this verification to release relevant service-related information to Impact Development Services.

Self-Employed Individual: _____ Date: _____

Self-Employed Individual's Signature: _____

Client Name: _____

Client Address: _____

Dates services were provided by Self-Employed Individual: _____ to _____

Number of service hours provided: _____

Location of services performed: _____

Nature of services performed: _____

Amount of payment for services performed: _____

Under penalty of perjury, I, the undersigned, declare that all information contained herein is true, complete and correct, to the best of my knowledge and belief.

Client's Signature

Date

Printed Name

Title

Telephone Number

Email