

Name of Business:

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.

Address of Business:					
Name of Business Owner:					
Type of Business: (i.e. Sole Ownership, Partnership, Incorporated)					
Business Start Date: (mm/dd/yyyy)		e:	Fiscal Year End Date: (mm/dd/yyyy)		
Reporting End Date: (mm/dd/yyyy)		e:	You will be required to submit the business' first Income Tax Return within 4 months of this date.		
Income					
Indicate the Current Month:					
3 Full Previous Consecutive Months	Name of Month 1:			Income Month 1:	\$
	Name of Month 2:			Income Month 2:	\$
	Name of Month 3:			Income Month 3:	\$
Total Income: \$					\$
Signature of Business Owner:				Date Signed: (mm/dd/yyyy)	
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:					
Name of Housing Provider:				Name of Representative:	
Contact Information o Housing Provi		Address:		,	
		Phone #:			