

NOTE: This Form is to be completed if Applicant, Co-Applicant and/or Adult Household Members are Self Employed. Print Extra Copies if Needed



Department of Housing and Economic Development
MORTGAGE AND HOUSING INVESTMENTS (MHI)
Housing Assistance Programs

PROFIT AND LOSS STATEMENT

FOR PERIOD: _____ TO: _____

Applicant's Name: _____

Applicant's Company Name: _____

Applicant's Company Address: _____

REVENUE:	<u>AMOUNT</u>
SALES	\$ _____
OTHER	\$ _____
OTHER	\$ _____
TOTAL REVENUE (A):	\$ _____
OPERATING EXPENSES:	
CONTRACT LABOR	\$ _____
EQUIPMENT RENTAL	\$ _____
MERCHANT SERVICES	\$ _____
TELEPHONE	\$ _____
SUPPLIES	\$ _____
UTILITIES	\$ _____
RENT	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
TOTAL OPERATING EXPENSES (8):	\$ _____
GROSS INCOME/LOSS (A minus 8):	\$ _____

Name of Person who prepared Profit & Loss: _____

Company Address: _____

Telephone Number: _____

Signature: _____ Date: _____

Warning: Florida Statute 817.03 Making false statement to obtain property or credit-Any person who shall make or cause to be made any false statement, in writing, relating to his or her financial condition, assets or liabilities, or relating to the financial condition, assets or liabilities of any firm or corporation in which such person has a financial interest, or for whom he or she is acting, with a fraudulent intent of obtaining credit, goods, money or other property, and shall by such false statement obtain credit, goods, money or other property, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.