## HOMEOWNER

Assistance Fund

| Applicant Name |  | Business <br> Street Address |  | Business |
| :--- | :--- | :--- | :--- | :--- |
| City, State, ZIP |  |  |  |  |
| Percentage Owned |  |  |  |  |
| Year-to-Date for the Month Ending |  |  |  |  |


| Income |  |  |
| :---: | :--- | :--- |
| 1 | Gross Revenue |  |
| 2 | Returns and Allowances |  |
| 3 | Subtract line 2 from line 1 |  |
| 4 | Cost of Goods Sold |  |
| 5 | Gross Profit (subtract line 4 from line 3) |  |
| 6 | Other Income (including federal and state tax credits and interest) |  |
| 7 | GROSS INCOME (add lines 5 and 6) |  |
| Expenses |  |  |
| 8 | Advertising/Marketing |  |
| 9 | Amortization/Depreciation |  |
| 10 | Repairs \& Maintenance |  |
| 11 | Business Mileage Reimbursement (mileage x \$0.585) |  |
| 12 | Commissions and Fees/Contract Labor/Professional Services |  |
| 13 | Insurance |  |
| 14 | Deductible Meals/Entertainment (enter only 50\% of expenses) |  |
| 15 | Rent or Lease: Space, Vehicles, Machinery, and Equipment |  |
| 16 | Supplies |  |
| 17 | Taxes and Licenses |  |
| 18 | Travel (Hotel, Taxi, Airfare, etc.) |  |
| 19 | Utilities |  |
| 20 | Wages/Salaries - Applicant(s) |  |
| 21 | Wages/Salaries - Employees |  |
| 22 | Other Expenses |  |
| 23 | TOTAL EXPENSES (add lines 8 through 22) |  |
| 24 | Tentative Profit/Loss (subtract line 23 from line 7) |  |
| 25 | Expenses for Business Use of Residence |  |
| 26 | COMPANY NET PROFIT/LOSS (subtract line 25 from line 24) |  |
| 27 | APPLICANT NET PROFIT/LOSS (line 26 x percentage owned) |  |
|  |  |  |

