Monthly Income and Expense Report for Self-Employed Tenant

Please return form to the address indicated below:

☐ 25 Central Ave., West, Suite 200
Brockville, ON K6V 4N6
Tel.: 613-342-3840 or 1-800-267-8146
Fax: 613-342-8908

☐ **Office Location:**
360 King St., W., Prescott, ON
Tel.: 613-925-0001 or 1-800-406-0420
Fax: 613-925-0301
Mailing Address:
25 Central Ave., West, Suite 200
Brockville, ON K6V 4N6

☐ 375 William St., South, Suite 100
Gananoque, ON K7G 1T2
Tel.: 613-382-8220 or 1-866-880-8284
Fax: 613-382-7599

Last Name	**First Name**	**Middle Initial**
Date of Birth (mm/dd/yy)	**Sex** ☐ **M** ☐ **F**	

Home Address

Apt. No.	**Street Address**			
	P.O. Box (if applicable)	**City**	**Province**	**Postal Code**

REPORT FOR THE MONTH OF: _____
(month, year)

Date (mm/dd)	**Monthly Revenue (s)**		**Date (mm/dd)**	**Monthly Expenses (Detailed Receipts Attached)**	
	$	**Item Description**		**$**	**Item Description**
TOTALS:	**$**		**TOTALS:**	**$**	

NET EARNINGS = Monthly Revenue – Monthly Expenses: **$** _____

This information is provided to the United Counties of Leeds and Grenville, Human Services Division, Housing Department to assess eligibility for rent-geared-to- income assistance. I declare that the information provided on this form is accurate and complete.

Tenant Signature	**Date**