

Exhibit 16

Self-Employment/Independent Contractor Certification

Company/Business Name: _____ Date: _____

Address: _____

Phone Number(s): _____ Fax: _____

The undersigned self-employed/independent contractor has applied for a rental unit located in a project financed under the County of Sacramento Multifamily Housing Rental Program. Every income statement of a prospective resident must be stringently verified. Please complete the requested information below.

I hereby grant to you permission to disclose my income to _____ Apartments in order that they may determine my income eligibility for rental of an apartment located in their complex which has been financed under the County of Sacramento Multifamily Housing Rental Program

Self-Employed/Independent Contractor Name: _____ Apartment No.: _____

Signature: _____ Date: _____ SSN: _____

INFORMATION REQUESTED:

1) Self-Employment/Independent Contractor Start Date: _____ End Date (if applicable): _____

Present Position/Title: _____

2) Self-Employment/Independent Contractor Profit and Loss Information:

Total Revenue: \$ _____ Total Cost: \$ _____ Gross Profit: \$ _____

Total Expenses: \$ _____ Net Profit \$ _____ [] Month [] Quarter [] Annual [] Other _____

3) Anticipated changes in the next 12 months: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Company/Business Owner or Authorized Representative Name and Title Signature _____ Date

State of _____
County of _____ S.S. } _____

On _____, _____ before me, _____, a Notary Public in and for said County and State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public in and for said County and State

Telephone Number(s) with area code

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

