



Self-Employment Form

Customer Name: _____
 Name of Business (If Applicable): _____
 Description of Business (If Applicable): _____
 Date of Application: _____ Date Application Received: _____
 Self-Employment Start Date: _____

This form applies to each source of self-employment income when a tax return cannot be used (e.g, a new business, taxes weren't filed, etc.)

Indicate the verification period below (30 days prior to application date, past 12 months, or most recent calendar year):

- 30 Days
- 12 Months
- Calendar Year

Month	Year	Gross Income Received (Receipts, Sales, Other Gains, Rental, Other Income)
Jan		
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Total		

-Must file a tax return to claim deductions
*Attach additional documentation as needed

By signing this document, you are stating the following:

- I understand that I must complete this worksheet for my energy assistance application
- I have reported the total gross income received during the selected time period
- I declare that this information is true and accurate

Client Signature

Date