



LIHEAP Self-Employment Form
For

(Customer Name)

Name of Business (if applicable):

Description of Business (if applicable):

Self-Employment Started (MM/YYYY):

Date of Application:

Date Application Received:

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).

Indicate the verification period below (most recent 30 days, most recent 12 months, or most recent calendar year):

☐ **30 Days** ☐ **12 Months** ☐ **Calendar Year** _____

Month	Year	Gross Income Received (gross receipts, sales, rental and other income)*
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total Gross Income		

- Must file a tax return to claim deductions.

* Attach documentation of gross receipts.

9/30/2026

Please Turn Over



I certify that the information I provided on this form is true. I am the only person in my home who has applied or will apply for this program. I understand that giving false information may lead to a legal investigation. I allow the agency permission to check information I provided.

I understand that I must fill out this worksheet to apply for LIHEAP. I have listed all the gross income I received during the required time period.

Customer Signature:

Date:

Customer Phone Number