



Client's Statement of Self-Employment Income

Please complete this form if no Individual Income Tax Return (Form 1040/1040A) was filed. Otherwise, current IRS 1040/1040A Tax return (all pages) must be provided as proof of self-employment income.

1. Name of Person having Self-Employment Income: _____

2. Give the number of months covered by this income statement. _____

3. Describe what you did to earn this money (occupation): _____

4. List your business or self-employment income and expenses (IMPORTANT: Attach receipts, invoices, or other verifying paper if available). Expenses must be from the business only. Do not include your home expenses.

| Date | Expenses | Amount (\$) | Date | Income | Amount (\$) |
|-------|----------|-------------|-------|--------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Total Self-Employment Expenses \$ _____

Total Self-Employment Income \$ _____

Subtract Total Business Expenses \$ _____

Net Self-Employment Income \$ _____

I, hereby, attest that the above supplied information is accurate, true and complete to the best of my knowledge. I understand that intentional failure to report correct financial status or incomplete information given in this form may result in denial or termination of the Financial Assistance Program.

Applicant's Signature _____

Print Name _____

Date _____