

SELF-EMPLOYMENT WORKSHEET

Applicant's name: _____

Name of self-employed person: _____

Name of business: _____

Type of business: _____

Section One: income for the last 30 days:

Period covered: From: _____ To: _____

Gross income (before deductions): \$ _____

Section Two: Deductions:

For deductions to be counted they must:

- be for the period above
- be accompanied by supporting documentation: Ledger Receipts Bank Statement

FUEL	\$	VEHICLES (Tax allowable deduction amount)	\$
BANK CHARGES (Business only)	\$	INSURANCE (Business car/ property)	\$
UTILITIES (Business only)	\$	REPAIRS (Business car/ property)	\$
ADVERTISING	\$	TAXES (Business property)	\$
SUPPLIES	\$	WAGES (Paid to employee(s))	\$
CLEANING	\$	RENT (Business/ equipment)	\$
OTHER:	\$	OTHER:	\$
		TOTAL DEDUCTIONS :	\$

Section Three: Countable Income

Gross Income: \$ _____ - Deductions: \$ _____ = NET \$ _____

Applicant Disclaimer:

By signing this form, I declare, under penalty of perjury, that the information I provided for this form is true and correct. If I have intentionally falsified any of this information, I understand that I may be liable to Oregon Housing and Community Service Department (OHCS). I hereby authorize Oregon Housing and Community Services (OHCS) or its agents, access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of that information. I agree to let the Department of Human Services give information to OHCS or its agents, so that I may obtain energy assistance.

If I receive assistance to which I am not entitled as a result of withholding information of knowingly giving fraudulent information, I must repay that assistance and may be found guilty of fraud and fined up to \$10,000 or put in prison or both.

Signature of Applicant/Business Owner(s)

Date