SELF-EMPLOYMENT EXPENSE WORKSHEET

Applicant's name: _____

Name of self-employed person: _____

Name of business: _____

Type of business: _____

Section One: Business Income for the last 30 days:

Period covered: From: ____/_____/_____   to: _____/_____/_____

Gross income (before deductions): $_____

Note: Business Income MUST be verified with a business bank statement, receipts or other documentation.

Section Two: Business Deductions:

For deductions to be counted they must:

- be for the time period stated above
- be accompanied by supporting documentation (check one below)

☐ Ledger   ☐ Receipts   ☐ Bank Statement   ☐None provided- deductions will not be counted.

Source	Amount
RENT (Business and/or equipment)	$
INSURANCE (Business/ property)	$
WAGES (Paid to employee(s))	$
MAINTENANCE REPAIRS (Business car/ property)	$
SUPPLIES	$
ADVERTISING/MARKETING	$
UTILITIES FOR BUSINESS	$
FUEL	$
BANK CHARGES/ FEES (Business only)	$
OTHER _____	$
Total business Deductions	$

Section Three: Countable Income

Total Gross Income: $_____ - Total Deductions: $_____= NET INCOME $_____

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.

_____   _____

Signature of Applicant/Business Owner   Date