SELF-EMPLOYMENT EXPENSE WORKSHEET

Name of self-employed person:			
Name of business:			
Type of Business:			
	Property ☐ Self- Employed licensed business ☐ Gig/Under the table work		
Section One: Business Income for the last 30 days fron	n signature date:		
Period covered: The Utility Assistance Program counts inconsign your application. Please complete the form based on the			
From:/ Back to:/ (Application signature date) (30 days prior to signature date)			
Gross Income (before deductions): \$			
Note: Business income MUST be verified with a busin	ess bank statement, receipts or ledger.		
Section Two: Business Deductions:			
For deductions to be counted they must be: • Itemized • for the time period stated above • 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	\$		
BANK CHARGES/ FEES (Business only)	\$		
OTHER	\$		
TOTAL BUSINESS DEDUCTIONS			
*Note: home expenses such as rent, utilities, etc. a			
Section Three: Countable Income			
accompanied by supporting documentation (check of	one below)		
□Ledger □Checks/Payment summary □ Business B	ank Statement		
Fotal Gross Income: Total Deductions:	= Adjusted Gross Income \$		
Applicant Disclaimer: By signing this form, I certify that the information stated is to prosecution of false information results in assistance for w			
Signature of Applicant/Business Owner	 Date		

Self-Employment Ledger

Client Name:

Earnings	Deductions	Explanation
of earnings	note: proof of deductions may be required	Please include a brief description of the income or deduction
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