



Self-Employment Worksheet

Section 1:

Name of Self-Employed Person: _____

Name of Business: _____

Section 2:

Gross Monthly Income (**before business deductions**) \$ _____

Adjusted Monthly Gross Income (**after business deductions**) \$ _____

Section 3:

Fill out completely ONLY if adjusted gross income is zero or negative

How do you pay for basic needs such as rent, food and utilities?

Section 4:

Initial here

I certify that the information contained above is complete and accurate to my knowledge. I understand that I am signing this statement under the penalty of prosecution if I knowingly give false information to receive assistance for which I am not eligible.

Signature of Self-Employed Person

Date

