

## 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 ( <u>after business deductions</u> ) \$
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:
I certify that the information contained above is complete and accurate to the of my knowledge. I understand that I am signing this statement under the penalty if prosecution if I knowingly give false information to receive assistance for which I am not eligible.
Signature of Self-Employed Person Date



541-882-3500. Oregon Relay 711.