

# DECLARATION OF SELF EMPLOYMENT INCOME

Due Date \_\_\_\_\_

Case Name:	Name:	
Case Number:	Last Four SSN:	
Return completed form to:	Phone:	Email:

Begin Date of Self Employment or date self employment income changed \_\_\_\_\_

For the Month of:                    20__			
Name/Type of Business:		Gross Business Income Received: \$	
Business Expenses:			
Type _____	Amount _____	Type _____	Amount _____
Type _____	Amount _____	Type _____	Amount _____

For the Month of:                    20__			
Name/Type of Business:		Gross Business Income Received: \$	
Business Expenses:			
Type _____	Amount _____	Type _____	Amount _____
Type _____	Amount _____	Type _____	Amount _____

For the Month of:                    20__			
Name/Type of Business:		Gross Business Income Received: \$	
Business Expenses:			
Type _____	Amount _____	Type _____	Amount _____
Type _____	Amount _____	Type _____	Amount _____

**My signature indicates my acknowledgement of the following statements:**

"I understand there are penalties for leaving out or providing false information. I know I may be required to repay the value of any benefit issued in error. I acknowledge I may be disqualified from receiving assistance in the future and I can be fined and/or prosecuted if I do not tell the truth. The information I provided on this form is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date