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

2316 S 6th St. Suite B Klamath Falls, OR 97601 541.882.3500 866.665.6438 541.882.3674 fax

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