



SELF EMPLOYMENT WORKSHEET ENERGY ASSISTANCE PROGRAM 2019-2020

Business Name _____

Business phone number _____

Applicant's Name: _____

Period(s) Covered _____ to _____ (Monthly, Quarterly, Annually)

Gross Receipts or Sales.....\$ _____

Business related expenses for period covered..... (MINUS) \$ _____

Net Income.....\$ _____

I certify that the information stated is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date