



## SELF EMPLOYMENT WORKSHEET UTILITY ASSISTANCE PROGRAM 2020-2021

Business Name \_\_\_\_\_

Business phone number \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Period(s) Covered \_\_\_\_\_ to \_\_\_\_\_

**Please only use last 30 days or prior month dates only.** *If you have not had income in last 30 days from Self Employment, then use Zero income form instead.*

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