



SELF EMPLOYMENT WORKSHEET UTILITY ASSISTANCE PROGRAM 2021-2022

Applicant's name: _____

Name of person self employed: _____

Doing business as: _____

Contact phone number: _____

Period(s) covered _____ to _____

Please only use last 30 days or full previous month dates.

*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

ie: fuel, supplies, (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