

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME (First) (M.I.) (Last)		BUSINESS NAME	
APPLICANT'S ADDRESS		BUSINESS ADDRESS	
APPLICANT'S TELEPHONE NO. ()		BUSINESS TELEPHONE NO. ()	
Note: Depreciation*, personal expenses and entertainment, personal transportation, purchase of capital equipment and payments of the principals on loans are NOT allowable deductions. Losses from previous years are also NOT deductible. (*Allowed for SSI-R applicants/recipients)			
I. BUSINESS INCOME (last three months)	MONTH ONE _____/_____ (mm) (YY)	MONTH TWO _____/_____ (MM) (YY)	MONTH THREE _____/_____ (MM) (YY)
1. Gross Sales			
2. Inventory Purchases			
3. Gross Income (line 1 minus line 2)			
II. BUSINESS EXPENSES	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
4. Telephone	\$ _____	\$ _____	\$ _____
5. Supplies			
6. Heat/Utilities			
7. Advertising			
8. Interest			
9. Insurance			
10. Bank Charges			
11. Repairs			
12. Business Taxes			
13. Business Vehicle Expenses			
14. Business Rent A. Property	_____	_____	_____
B. Equipment			
15. Other Expenses (Specify)			
III. INCOME SUMMARY	SUMMARY	SUMMARY	SUMMARY
16. Total Business Expenses (lines 4 thru 15)			
17. NET INCOME (Line 3 minus line 16)	17a	17b	17c

TO BE COMPLETED BY LOCAL DEPARTMENT OF SOCIAL SERVICES WORKER

THREE-MONTH TOTAL NET INCOME (line 17a + line 17b + line 17c)		THREE-MONTH AVERAGE NET INCOME (line 18 divided by 3)	
MONTH ONE (17a)	\$ _____	THREE-MONTH TOTAL \$ _____ = (line 18) 3 THREE-MONTH AVERAGE	
MONTH TWO (17b)	\$ _____		
MONTH THREE (17c)	\$ _____		
18. THREE MONTH TOTAL	\$ _____		

Applicants must read the following and sign below

I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for all Public Health Insurance Programs. I understand that program officials may verify information on this form. I also understand that if I intentionally misrepresent my income, I may have to repay benefits received and may be subject to prosecution under State law.

Applicant's Signature	Date Signed	Worker's Signature	Date Signed
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