

SELF EMPLOYMENT INCOME STATEMENT

FOR THE MONTH OF: _____
SELF EMPLOYED AS: _____
EMPLOYEE NAME: _____

CASE NAME: _____
CASE NUMBER: _____
HSS NUMBER: _____

DATE	HOURS WORKED	GROSS AMOUNT RECEIVED	FROM WHOM	FOR WHAT SERVICES	EXPENSES	
					AMOUNT	FOR WHAT?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

INCOME VERIFICATION ATTACHED _____ (YES/NO)

EXPENSE VERIFICATION ATTACHED _____ (YES/NO)

I AM UNABLE TO PROVIDE ADDITIONAL INCOME VERIFICATION BECAUSE:

- THE PERSON I PROVIDED THE SERVICE FOR CANNOT BE LOCATED
- THE PERSON DOES NOT RESPOND TO MY REQUEST
- OTHER REASON (Please explain reason):

I DECLARE UNDER THE PENALTY OF FORGERY AND PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: ____/____/____

