

CCCAP Self-Employment Income Verification Form	Month: _____
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Complete a separate form for each person in your house who earns income from self-employment activity.

Name	Address	Phone Number	SSN (optional)

1. Monthly Gross Income from self-employment (before expenses)	1. \$
Expenses (verifications must be attached to this completed form)	
2. Business rent/mortgage expense	2. \$
3. Gross labor business costs (money paid out to employees)	3. \$
4. Cost of merchandise for business	4. \$
5. Business taxes paid	5. \$
6. Interest paid for business	6. \$
7. Utilities paid for business	7. \$
8. Business equipment costs	8. \$
9. Vehicle expense (mileage only while working X current IRS mileage rate)	9. \$
10. Other business costs (describe)	10. \$
11. Subtotal of expenses (Total, lines 2-10)	11. \$
12. Net income (Line 1- Line 11)	12. \$

Document your work activity for this month. If child care is provided for your employment activity, the taxable gross wages divided by the number of hours of child care provided must equal at least the current federal minimum wage in order to continue receiving child care.

Date	# of hours	Work activity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Date	# of hours	Work activity
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Please explain if you anticipate a change in the hours or activities you will work in the future:

In addition to this form, I understand that I must provide proof of my self-employment income and expenses. Proof could be receipts, income tax returns, bookkeeping records, bank statements, letters from customers, or copies of work agreements. I certify that the information presented in this Self-Certification is true and accurate to the best of my knowledge and belief. I further understand that providing false representation herein constitutes an act of fraud. (Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.)

Applicant's Signature _____

Date _____

For County Use Only	Schedule of care authorized: _____
Income verified: yes no	Date: _____
Worker: _____	