

ELIGIBILITY DOCUMENT SELF-EMPLOYMENT INCOME VERIFICATION

Applicant's Name* _____ Application Date* _____

Self-Employed Individual's Name _____ Relationship to Applicant _____

Description of Business: _____

Starting and Ending Dates of Business: From _____ to _____

The net self employment income must be determined for the period beginning * _____ and ending * _____ IRS documents or the self employed individual's profit loss statement for the income determination period may be used to document the net income. Where this information is not available, the self employed individual must complete this worksheet covering the 26-week income determination period.

Describe operating expenses of the self-employment: _____

From	To	Gross Receipts	Expenses	Net Income
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
_____	_____	_____	- _____	= _____
Total for Income Determination Period:		_____	- _____	= _____

I hereby attest that this is an accurate summary of my business income.

Signature of Self-Employed Individual

Date

PHONE VERIFICATION

The above information was verified on this date by telephone (phone no.: _____) with _____, who is the self-employed individual or a representative thereof.

 Signature of Workforce Solutions Staff

Date

* To be completed by Workforce Solutions staff

ELIGIBILITY DOCUMENT INCOME RECONSTRUCTION FORM

Applicant's Name* _____ Application Date* _____

Self-Employed Individual's Name _____ Relationship to Applicant _____

Use this form to reconstruct income received during 26-week income determination period when little or no documentation is available. Work backwards from the application date.

Income determination period: _____ to _____

WK	FROM	TO	WAGE PER HOUR/WEEK	X HOURS WORKED	+	OTHER (TIPS)	=	TOTAL
1	_____	_____	_____._____	X _____	+	_____._____	=	_____
2	_____	_____	_____._____	X _____	+	_____._____	=	_____
3	_____	_____	_____._____	X _____	+	_____._____	=	_____
4	_____	_____	_____._____	X _____	+	_____._____	=	_____
5	_____	_____	_____._____	X _____	+	_____._____	=	_____
6	_____	_____	_____._____	X _____	+	_____._____	=	_____
7	_____	_____	_____._____	X _____	+	_____._____	=	_____
8	_____	_____	_____._____	X _____	+	_____._____	=	_____
9	_____	_____	_____._____	X _____	+	_____._____	=	_____
10	_____	_____	_____._____	X _____	+	_____._____	=	_____
11	_____	_____	_____._____	X _____	+	_____._____	=	_____
12	_____	_____	_____._____	X _____	+	_____._____	=	_____
13	_____	_____	_____._____	X _____	+	_____._____	=	_____
14	_____	_____	_____._____	X _____	+	_____._____	=	_____
15	_____	_____	_____._____	X _____	+	_____._____	=	_____
16	_____	_____	_____._____	X _____	+	_____._____	=	_____
17	_____	_____	_____._____	X _____	+	_____._____	=	_____
18	_____	_____	_____._____	X _____	+	_____._____	=	_____
19	_____	_____	_____._____	X _____	+	_____._____	=	_____
20	_____	_____	_____._____	X _____	+	_____._____	=	_____
21	_____	_____	_____._____	X _____	+	_____._____	=	_____
22	_____	_____	_____._____	X _____	+	_____._____	=	_____
23	_____	_____	_____._____	X _____	+	_____._____	=	_____
24	_____	_____	_____._____	X _____	+	_____._____	=	_____
25	_____	_____	_____._____	X _____	+	_____._____	=	_____
26	_____	_____	_____._____	X _____	+	_____._____	=	_____

Total estimated income received for the 26-week period: _____

I hereby attest that this is an accurate summary of income I received during this period.

Signature Date