



SELF-EMPLOYMENT WORKSHEET

- ✓ This worksheet must be used if a household member is self-employed; that is, any business or odd jobs including but not limited to babysitting and yard care.
- ✓ This worksheet is to be completed by an intake worker.
- ✓ All deductions from the time period specified need to be listed on this form.
- ✓ Documentation is not required but should be included if provided by the client.

Applicant Name: _____

Self-Employment Earner's Name (If different from applicant): _____

Name of Business / Income Source: _____

Time period covered (Use exact dates): _____ 2019/2020 to _____ 2019/2020

1. Gross documented business income	\$	
2. Total business deductions	\$	(add # 4 through # 18 below)
3. Net business income	\$	(#1 minus #2)

Business deductions for period covered:

Note: All attached documentation must list a category name from below.

4. Fuel	\$	12. Advertising	\$
5. Mileage	\$	13. Supplies	\$
6. Taxes on Business or Property	\$	14. Wages	\$
7. Repairs	\$	15. Rent on business, property or equipment	\$
8. Insurance	\$	16. Cleaning	\$
9. Utilities	\$	17. Bank Charges	\$
10. Vehicles	\$	18. Other:	\$
11. Interest	\$	TOTAL	\$
		(enter amount in #2)	

I declare, under penalty of perjury, that the information I provided for this form is true and correct. If I have intentionally falsified any of this information, I understand that I may be liable to Oregon Housing and Community Services Department.

APPLICANT Signature

Date

PREPARER: Print Name

PREPARER: Sign Name

Date