

CASE NUMBER

Home Energy Assistance Program 3 Month Method Self-Employment Worksheet

The applicant will be required to provide supporting documentation for information listed on this form. Incomplete or ambiguous information will not be accepted. **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.**

APPLICANT'S NAME: (First) (MI) (Last)	BUSINESS NAME:
BUSINESS ADDRESS:	BUSINESS TELEPHONE NO.

FINANCIAL STATUS (FARM OR BUSINESS)

	MONTH ONE:	MONTH TWO:	MONTH THREE:
I. BUSINESS INCOME	GROSS INCOME	GROSS INCOME	GROSS INCOME
1. Gross Business Income	\$ _____	\$ _____	\$ _____
II. BUSINESS EXPENSES	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
2. Telephone	\$ _____	\$ _____	\$ _____
3. Supplies/Inventory	_____	_____	_____
4. Heat/Utilities	_____	_____	_____
5. Advertising	_____	_____	_____
6. Interest	_____	_____	_____
7. Insurance	_____	_____	_____
8. Bank Charges	_____	_____	_____
9. Repairs	_____	_____	_____
10. Business Taxes	_____	_____	_____
11. Business Vehicle Expenses	_____	_____	_____
12. Business Rent	_____	_____	_____
a. Property	_____	_____	_____
b. Equipment	_____	_____	_____
13. Other Expenses <i>(Specify)</i>	_____	_____	_____
III. INCOME SUMMARY	SUMMARY	SUMMARY	SUMMARY
14. TOTAL Business Expenses <i>(lines 2 thru 13)</i>	14a _____	14b _____	14c _____
15. NET INCOME <i>(line 1 minus line 14)</i>	15a _____	15b _____	15c _____

TO BE COMPLETED BY DSS

THREE-MONTH TOTAL NET INCOME	THREE-MONTH AVERAGE NET INCOME
MONTH ONE (15a) \$ _____	THREE MONTH TOTAL \$ _____ = \$ _____ <i>(line 16)</i> 3 THREE-MONTH AVERAGE
MONTH TWO (15b) \$ _____	
MONTH THREE (15c) \$ _____	
16. THREE MONTH TOTAL \$ _____	
WORKER'S SIGNATURE:	DATE SIGNED: