

Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

SELF-EMPLOYMENT WORKSHEET

COMMUNITY ACTION AGENCY (CAA): Downeast Community Partners

PRIMARY APPLICANT NAME: _____ **Date of Application** _____

INSTRUCTIONS: Use this Worksheet only when the Applicant cannot provide a federal tax return for the most recent or previous calendar year, or the Applicant's tax return does not show his/her self-employment and/or rental income. The Applicant must complete this worksheet to document self-employment income for the 365 days prior to the Date of Application. Documentation such as bank account statements, business ledgers, or accountant's records must be attached to this completed worksheet. Incomplete or ambiguous information will not be accepted.

The completed Self-Employment Worksheet and proof of income must be submitted to the CAA no later than: _____

Applicant/Business Owner Name: _____ **Business Physical Address:** _____
Business Name: _____
Business Type: _____
Business Start Date: _____
 If business is located in your home, indicate number of rooms used for business: _____

Self-employment and/or rental income received between the following dates must be documented on this Worksheet from _____ to _____

Enter the gross amounts for each month during the time period specified above. Do not leave blanks. If the gross amount earned for a month is zero, enter zero (0)

| Month/Year | Gross Amount |
|------------|--------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| Month/Year | Gross Amount |
|------------|--------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| | |
|----------------------------|----|
| Total Gross Amount: | \$ |
|----------------------------|----|

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

Applicant/Business Owner Signature _____
Date