

**HOME ENERGY ASSISTANCE PROGRAM (HEAP)
SELF-EMPLOYMENT INCOME WORKSHEET**

CAA Name: _____	CAA Phone: _____
CAA Address: _____	CAA Fax: _____
_____	CAA Email: _____

Primary Applicant: _____	Application Date: _____
	Application ID#: _____

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. **Complete one form for EACH separate type of self-employment business.**

****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.**

- Name of Household member with self-employment and/or rental income: _____
- Description of business or trade: _____
- Date business started: _____ mm/dd/yyyy
- If business is located in your home, indicate number of rooms used for business: _____
- Period covered by this worksheet (13 months): From: _____ mm/yyyy To: _____ mm/yyyy
- List monthly business income in the table below, only for months that the business was in operation. (Enter \$0 if no income for that month. Do not enter \$0 for months prior to the start of the business).

Month & Year Income Received <i>Example: January 2020</i>	Gross Amount Income Received <i>Example: \$500.00</i>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Gross Income	\$

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