pennsylvania
DEPARTMENT OF HUMAN SERVICES

# Self-Employment Verification of Income

DATE: _____ PELICAN ID#: _____

Self-employment cover the period From ___/___/_____ To ___/___/_____

Number of weeks self-employment income covers: _____

## CLIENT IDENTIFICATION

| LAST NAME: | FIRST NAME: | MIDDLE NAME: | |
|---|---|---|---|
| STREET: | CITY: | STATE: | ZIP CODE: |
| HOME/CELL PHONE NUMBER: | SOCIAL SECURITY NUMBER: | DATE OF BIRTH: | AGE: |

## BUSINESS INFORMATION

| BUSINESS NAME: | DATE BUSINESS STARTED: |
|---|---|
| BUSINESS ADDRESS: | BUSINESS PHONE NUMBER: |
| CORPORATE STATUS OF BUSINESS (Please check one of the following): ☐ Sole Proprietorship ☐ Partnership ☐ S Corporation ☐ Limited Liability Corp | NATURE OF BUSINESS: |

**Total amount of gross receipts*:**
*Gross Receipts are the income you receive from your business. You should retain supporting documents which show the amounts and sources of your gross receipts.
$ _____

**Total amount of business expenses*:**
*Business expenses are the costs you incur to carry on your business. Your supporting documents should show the amounts paid for those business expenses.
$ _____

**Total amount of net income*:**
*Net income is equal to gross receipts minus business expenses.
$ _____

## REQUIRED BUSINESS DOCUMENTATION ATTACHED

PLEASE ATTACH THE FOLLOWING:

☐ Copy of most recent Federal Income Tax Return

IF YOU ARE UNABLE TO PROVIDE A FEDERAL INCOME TAX RETURN, PLEASE CHECK AND ATTACH ONE OF THE FOLLOWING:

☐ Accounting ledgers
☐ Bank deposit slips
☐ Cash register tapes
☐ Invoices
☐ Any other document that reasonably establishes gross profit or allowable deductions
☐ Account statements
☐ Canceled checks
☐ Credit card charge slips
☐ Credit card sales slips

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X _____ _____
PARENT / CARETAKER SIGNATURE DATE