

SCCA Program: Chapter 7 Attachment 2 Family Definition and Determining Income Eligibility

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

This form is to be used to record income and expenses for self-employment income. It is used when other business or tax records are not available and must be supported with receipts. This information is confidential and will be used only to determine your eligibility for child care assistance. It cannot be released without your written consent.

Part I is a record of income from your business. Part II is a record of your business expenses. Complete this form as income is received and as expenses are paid.

I, _____, am providing this written statement of my income and expenses from my _____ business for the period beginning _____ and ending _____.

PART I – INCOME

<u>Date</u>	<u>Amount</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES
CONTINUATION SHEET
PART I – INCOME**

<u>Date</u>	<u>Amount</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ (Applicant/Recipient's Initials)

_____ (Date)

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**VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES**

CONTINUATION SHEET

PART II – EXPENSES (Receipts should be attached)

Date	Amount	Type of Expense/Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ **(Applicant/Recipient's Initials)**

_____ **(Date)**

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**VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II – EXPENSES

Date	Amount	Type of Expense/Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that the above information on my business income and expenses to be true, complete, and accurate for the period shown.

Signature of Recipient/Applicant

Date Signed