

SELF-EMPLOYMENT INCOME STATEMENT

365 day time frame: From: _____ To: _____

Applicant Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

INCOME

Documentation required for all income and expenses.

Gross Sales: \$ _____

Cost of Goods Sold: \$ _____

Gross Profit: \$ _____

Employee Wages

List name, address, and amount paid:

EXPENSES

Owner Wages: \$ _____

Employee Wages: \$ _____

Contract Labor: \$ _____

Shipping & Postage: \$ _____

Advertising: \$ _____

Office Expenses: \$ _____

Mileage: \$ _____

Phone: \$ _____

Internet: \$ _____

Electricity: \$ _____

Automobile: \$ _____

Professional Fee's: \$ _____

Rent: \$ _____

Misc: \$ _____

Total Expense: \$ _____

Gross Profit: \$ _____

Net Profit: \$ _____

Contract Labor

List name, address, and amount paid:

I have given a true and complete statement of facts necessary to allow determination of eligibility, I understand if I knowingly give inaccurate or incomplete information about my household, I am breaking the law and can be prosecuted for fraud, resulting in possible imprisonment and/or fine.

Application can not be processed without a signature.

Applicant Signature: _____ Date: _____

If prepared by accountant

Accountant Signature: _____ Date: _____