

2018 Home Energy Assistance Program **Declaration of Self-Employment**

Applicant Name: _____ Type of Business: _____

Business Name: _____ Tax I.D. Number: _____

Reporting, From: _____ To: _____

Total Business Receipts (income) for Period: \$ _____

EXPENDITURES:

| | |
|------------------------------|------------------|
| Merchandise/Materials: _____ | Postage: _____ |
| Accounting: _____ | Rent: _____ |
| Advertising: _____ | Repairs: _____ |
| Auto Expense: _____ | Tax Sales: _____ |
| Delivery Expense: _____ | Tax S.S.: _____ |
| Electricity: _____ | Tax State: _____ |
| Insurance: _____ | Tax Other: _____ |
| Interest: _____ | Telephone: _____ |
| Laundry: _____ | Travel: _____ |
| Legal Expense: _____ | Wages: _____ |
| Licenses: _____ | Supplies: _____ |
| Office Expense: _____ | Misc.: _____ |

TOTAL BUSINESS EXPENDITURES FOR PERIOD: \$ _____

A copy of your current business and personal tax returns must be included to process

***** THIS DOCUMENT MUST BE NOTORIZED *****

I attest that the above information is complete and accurate and hereby authorize the Rhode Island Division of Taxation to release my Gross Income and number of dependents to the Rhode Island Department of Human Services in order to assist them in determining my eligibility for this program. I understand that supplying false or incomplete information in this document is an attempt to defraud the Federal Government.

| | | | |
|------------------------------|---------------|-----------------|---------------|
| _____ Applicant Signature | _____ Date | _____ Notary | _____ Date |
|------------------------------|---------------|-----------------|---------------|

******This form must be completed and notarized before the intake worker can sign off******

I hereby attest that I have reviewed and documented all applicable income documentation for this applicant.

| | |
|------------------------|---------------|
| _____ Intake Worker | _____ Date |
|------------------------|---------------|