**Appendix B.3.1**

# Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

# **Declaration of Self-Employment Form**

Self-Employment expenditures shall be verified by the appropriate IRS tax forms.

Applicants shall have this documentation available at the intake appointment. Earnings from self-employment shall be included in the Household’s gross aggregate income.

|  |
| --- |
| Applicant Name: |
| Business Name: |
| Type of Business: |
| Tax ID Number: |

Reporting Period: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **A.** Gross Income as Reported on Schedule C, OR Gross Receipts for last three (3) months | $ |
| **B.** Sixty Percent of Gross Business Income | $ |
| **C.** Add 3% of Total Gross Income if Tax Return Submitted Past February 15th of Heating Season | $ |
| Total Business Income to be Included in Applicant’s Aggregate Income (Add **B** and **C**) | $ |

Applicant Signature Date

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

Intake Worker Name Date