Appendix C

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 las weeks	st four \$
B. 60% of Gross Business Income	\$
C. Add 3% of Total Gross Income if a prior year's tax return is submitted March 15.	ed after \$
Total Business Income to be Included in Applicant's aggregate income and C)	(add B \$
Applicant Signature Date	
ipplicant Signature Bute	
hereby attest that I have reviewed and documented all applicable i his applicant.	income documentation for
ntake Worker Name Date	