## **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:	
Гуре of Business:	
Γax ID Number:	
Reporting Period: From:To:	
A. Gross Income as Reported on Schedule C  Please note: If gross income as reported on Schedule C is not available, use gross revenue receipts for last four weeks to determine annual gross business income.	\$
B. 60% of Gross Business Income (60% of A)  Please note: If a tax return from two years back is provided due to late tax filing of prior year and the same occupation/business is held by the applicant, add 3% to the gross income in that tax return provided.	\$
Total Business Income to be included in Applicant's aggregate income (From B)	\$
Applicant Signature Date	
I hereby attest that I have reviewed and documented all applicable income docthis applicant.	umentation for
Intake Worker Name Date	