



Rhode Island Low Income Home Energy Assistance Program (LIHEAP)

Declaration of Self-Employment Form

This form should be filled out if the IRS forms from the previous year have not been filed or if there have been significant income changes from last year.

Applicant Name:	Business Name:
Tax ID Number:	Type of Business:
Income Reporting Period from: _____ to: _____	

Gross revenue receipts for last four weeks	\$
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Note:

Provide gross revenue receipts for last four weeks to determine gross business income. Agencies use 60% of this number for income calculation.

Attestation:

Under penalty of perjury, I certify that all the information provided in this form is true and accurate. I understand that I am breaking the law if I give false or misleading information and can be punished under federal law, state law or both. My benefits may also be denied.

Applicant Signature

Date