2017 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