

Douglas-Cherokee Economic Authority
 CSBG/LIHEAP
 Self-Employment Verification Form

Date: _____

County: _____

Applicant's Name: _____ SSN: _____

Type of Work: _____

Business Name (if applicable): _____

Week #	Gross Earnings	Operating Expenses		Net Earnings
		(type)	(amount)	
1				
2				
3				
4				
5				
6				
7				
8				
Total				

Additional Client Comments:

Self-Declaration:

I, _____, do hereby state that the income information I have provided is correct and truly represents my income for the previous 8 weeks.

Applicant's Signature: _____