**Section I: Family Information**

1. Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Information About Self-Employed Family Member** (If different from above)

1. Name of Self-Employed Family Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Information About Business**

1. Name of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Employer Identification Number (EIN)[[1]](#footnote-1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Nature of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Corporate Status of Business (Please check one of the following):

\_\_\_\_Sole Proprietorship \_\_\_\_Partnership \_\_\_\_Corporation \_\_\_\_S-Corporation

1. Required Business Documentation Attached (please check and attach a copy of **ONE** of the following):

* Doing Business As (DBA) Certificate
* Articles of Incorporation on file with the Secretary of the Commonwealth
* Certificate of Registration issued by the Secretary of the Commonwealth
* Professional License
* Other documentation indicating establishment of business (*Please explain*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV: Monthly Self-Employment Income and Expenses**

Please report your self-employment income and expenses for **each of the last three (3) months** using the Monthly Self-Employment Earnings Worksheets attached. Please note that although business expenses may be deducted from the income you receive from self-employment, some expenses may not be deducted. For the purposes of determining your eligibility for financial assistance, certain business expenses, such as depreciation and meals and entertainment, are not allowable.

Examples of allowable business expenses include (all business expense receipts must be attached):

* amounts paid for any items necessary for the business, such as materials and supplies, advertising costs, repairs, legal and professional services;
* amounts paid for employee salaries and taxes on those salaries as well as any employee benefit plans (i.e. health insurance or retirement plans for your employees);
* amounts paid for equipment, machinery, and other capital assets and durable goods (i.e., items used in the business that are expected to last a long time such as a delivery van, an office building, etc.);
* amounts paid for ownership or rental of commercial property (e.g., monthly mortgage or rent for office building, office space, workshop, or other place of business);
* amounts paid for business insurance (if your home is used for business purposes, you may deduct amounts paid only for commercial property insurance, but not for homeowner’s or renter’s insurance);
* if the home is used for business purposes, only the business portion of residential expenses may be deducted (e.g. separate business phone line and any extra utility costs that can be attributed to the business);
* if a personal car or truck is used for business purposes, only the business portion of vehicle expenses costs may be deducted; and
* mileage expenses between business sites, but not including the mileage from home to the first business site and from the last business site to home.

Examples of business expenses that are not allowable and should not be listed include:

* personal expenses, such as health insurance premiums, life insurance premiums, or retirement benefits;
* taxes that you pay on your net income, including Social Security, federal, and state taxes;
* monthly mortgage or rental payment for your home;
* depreciation; and
* business losses from prior months/years.

Parent's/Guardian's Name:

Name of self-employed family member whose earnings are listed on this worksheet (*if different from above*):

Month and year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., January 2007)

**A. Monthly Gross Receipts or Sales (including all tips)**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Business Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of goods sold | | $ | 8. Interest paid on mortgage owed banks | $ |
| 2. Advertising | | $ | 9. Other interest payment  (specify) | $ |
| 3. Automobile Expenses: | | $ | 10. Legal and Professional Services | $ |
| 3a. Gas | $ |  | 11. Office Expenses | $ |
| 3b. Insurance | $ |  | 12. Pension or Profit-Sharing Plan | $ |
| 3c. Maintenance | $ |  | 13. Rent for Leased Vehicles, Machinery, or Equipment | $ |
| 3d. Registration | $ |  | 14. Rent for Other Business Property (e.g. office space) | $ |
| 4. Commissions and Fees | | $ | 16. Supplies | $ |
| 5. Contract Labor | | $ | 17. Taxes and Licenses | $ |
| 6. Employee Benefit Programs (e.g., health, accident, life insurance and dependent care assistance program) | | $ | 18. Utilities | $ |
| 19. Employee Wages and Salaries | $ |
| 7. Insurance (e.g. commercial liability, fire insurance, etc.) | | $ |  |  |

**Monthly Business Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of goods sold | | $ | 8. Interest paid on mortgage owed banks | $ |
| 2. Advertising | | $ | 9. Other interest payment  (specify) | $ |
| 3. Automobile Expenses: | | $ | 10. Legal and Professional Services | $ |
| 3a. Gas | $ |  | 11. Office Expenses | $ |
| 3b. Insurance | $ |  | 12. Pension or Profit-Sharing Plan | $ |
| 3c. Maintenance | $ |  | 13. Rent for Leased Vehicles, Machinery, or Equipment | $ |
| 3d. Registration | $ |  | 14. Rent for Other Business Property (e.g. office space) | $ |
| 4. Commissions and Fees | | $ | 16. Supplies | $ |
| 5. Contract Labor | | $ | 17. Taxes and Licenses | $ |
| 6. Employee Benefit Programs (e.g., health, accident, life insurance and dependent care assistance program) | | $ | 18. Utilities | $ |
| 19. Employee Wages and Salaries | $ |
| 7. Insurance (e.g. commercial liability, fire insurance, etc.) | | $ |  |  |

**B. Total Monthly Business Expenses**

**\* Please attach all receipts**

**B. Total Monthly Business Expenses**

(Add together lines 1 through 19) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Net Monthly Business Income**

**C. Net Monthly Business Income**

(Subtract line B from line A) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's/Guardian's Name:

Name of self-employed family member whose earnings are listed on this worksheet (*if different from above*):

Month and year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., January 2007)

**A. Monthly Gross Receipts or Sales (including all tips)**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Business Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of goods sold | | $ | 8. Interest paid on mortgage owed banks | $ |
| 2. Advertising | | $ | 9. Other interest payment  (specify) | $ |
| 3. Automobile Expenses: | | $ | 10. Legal and Professional Services | $ |
| 3a. Gas | $ |  | 11. Office Expenses | $ |
| 3b. Insurance | $ |  | 12. Pension or Profit-Sharing Plan | $ |
| 3c. Maintenance | $ |  | 13. Rent for Leased Vehicles, Machinery, or Equipment | $ |
| 3d. Registration | $ |  | 14. Rent for Other Business Property (e.g. office space) | $ |
| 4. Commissions and Fees | | $ | 16. Supplies | $ |
| 5. Contract Labor | | $ | 17. Taxes and Licenses | $ |
| 6. Employee Benefit Programs (e.g., health, accident, life insurance and dependent care assistance program) | | $ | 18. Utilities | $ |
| 19. Employee Wages and Salaries | $ |
| 7. Insurance (e.g. commercial liability, fire insurance, etc.) | | $ |  |  |

**Monthly Business Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of goods sold | | $ | 8. Interest paid on mortgage owed banks | $ |
| 2. Advertising | | $ | 9. Other interest payment  (specify) | $ |
| 3. Automobile Expenses: | | $ | 10. Legal and Professional Services | $ |
| 3a. Gas | $ |  | 11. Office Expenses | $ |
| 3b. Insurance | $ |  | 12. Pension or Profit-Sharing Plan | $ |
| 3c. Maintenance | $ |  | 13. Rent for Leased Vehicles, Machinery, or Equipment | $ |
| 3d. Registration | $ |  | 14. Rent for Other Business Property (e.g. office space) | $ |
| 4. Commissions and Fees | | $ | 16. Supplies | $ |
| 5. Contract Labor | | $ | 17. Taxes and Licenses | $ |
| 6. Employee Benefit Programs (e.g., health, accident, life insurance and dependent care assistance program) | | $ | 18. Utilities | $ |
| 19. Employee Wages and Salaries | $ |
| 7. Insurance (e.g. commercial liability, fire insurance, etc.) | | $ |  |  |

**B. Total Monthly Business Expenses**

**\* Please attach all receipts**

**B. Total Monthly Business Expenses**

(Add together lines 1 through 19) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Net Monthly Business Income**

**C. Net Monthly Business Income**

(Subtract line B from line A) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's/Guardian's Name:

Name of self-employed family member whose earnings are listed on this worksheet (*if different from above*):

Month and year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., January 2007)

**A. Monthly Gross Receipts or Sales (including all tips)**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Business Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of goods sold | | $ | 8. Interest paid on mortgage owed banks | $ |
| 2. Advertising | | $ | 9. Other interest payment  (specify) | $ |
| 3. Automobile Expenses: | | $ | 10. Legal and Professional Services | $ |
| 3a. Gas | $ |  | 11. Office Expenses | $ |
| 3b. Insurance | $ |  | 12. Pension or Profit-Sharing Plan | $ |
| 3c. Maintenance | $ |  | 13. Rent for Leased Vehicles, Machinery, or Equipment | $ |
| 3d. Registration | $ |  | 14. Rent for Other Business Property (e.g. office space) | $ |
| 4. Commissions and Fees | | $ | 16. Supplies | $ |
| 5. Contract Labor | | $ | 17. Taxes and Licenses | $ |
| 6. Employee Benefit Programs (e.g., health, accident, life insurance and dependent care assistance program) | | $ | 18. Utilities | $ |
| 19. Employee Wages and Salaries | $ |
| 7. Insurance (e.g. commercial liability, fire insurance, etc.) | | $ |  |  |

**Monthly Business Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of goods sold | | $ | 8. Interest paid on mortgage owed banks | $ |
| 2. Advertising | | $ | 9. Other interest payment  (specify) | $ |
| 3. Automobile Expenses: | | $ | 10. Legal and Professional Services | $ |
| 3a. Gas | $ |  | 11. Office Expenses | $ |
| 3b. Insurance | $ |  | 12. Pension or Profit-Sharing Plan | $ |
| 3c. Maintenance | $ |  | 13. Rent for Leased Vehicles, Machinery, or Equipment | $ |
| 3d. Registration | $ |  | 14. Rent for Other Business Property (e.g. office space) | $ |
| 4. Commissions and Fees | | $ | 16. Supplies | $ |
| 5. Contract Labor | | $ | 17. Taxes and Licenses | $ |
| 6. Employee Benefit Programs (e.g., health, accident, life insurance and dependent care assistance program) | | $ | 18. Utilities | $ |
| 19. Employee Wages and Salaries | $ |
| 7. Insurance (e.g. commercial liability, fire insurance, etc.) | | $ |  |  |

**B. Total Monthly Business Expenses**

**\* Please attach all receipts**

**B. Total Monthly Business Expenses**

(Add together lines 1 through 19) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Net Monthly Business Income**

**C. Net Monthly Business Income**

(Subtract line B from line A) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section V: Certification**

**I understand that I am responsible for providing a copy of my most recent federal income tax returns, including all applicable forms and schedules, as well as a federal income tax return transcript.**

I certify that the information provided on this form is, to the best of my knowledge and belief, true and accurate. I understand that providing false or misleading information in connection with my application for EEC financial assistance, receiving EEC financial assistance as a result of any false or misleading information, and/or the concealing or withholding of information for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance may lead to an immediate termination of my child care subsidy. I also understand that I must **report within thirty (30) days any temporary or non-temporary change.** Temporary changes include: any time-limited absence from a parent’s approved activity due to an illness or need to care for a family member; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any semester or holiday break for a parent participating in education or training; any reduction in work, training or education hours, as long as the parent is still working or attending training or education; any other cessation of a parent’s approved activity that does not exceed 12 weeks; and change in residency within the Commonwealth.Non-temporary changes include: total household income exceeding 85% SMI; changes in family contact information; changes in household composition for more than 30 total days in a 12 month authorization; changes in child custody arrangements; any out of state change in address; or any change or cessation of a parent’s work, training, or education participation that lasts more than 12 weeks. I understand that failure to report a non-temporary change may result in an Intentional Program Violation and may be subject to disqualification.

Parent/Guardian Name (*printed*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Employed Family Member (*if different from above*):**

Parent/Guardian Name (*printed*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Also known as a Federal Identification Number [↑](#footnote-ref-1)