Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

SELF-EMPLOYMENT WORKSHEET

COMMUNITY ACTION AGENCY (CAA): _____

PRIMARY APPLICANT NAME: _____ _____
Date of Application

INSTRUCTIONS: The Applicant must provide and document self-employment income for the 365 days prior to the Date of Application. Documentation such as receipts, canceled checks, and paid purchase slips must be attached in an orderly format to this completed worksheet.

The completed Self-Employment Worksheet and proof of income and expenses must be submitted to the CAA no later than: _____

Business Owner Name: _____ **Business Type:** _____

Business Name: _____

Business Physical Address: _____

_____

If business is located in your home, indicate number of rooms used for business: ☐

365 Day period covered: From _____ To _____

1. Gross Income (receipt or sales) $ _____
2. Subtract Cost of Sales (purchases) $ _____
3. Gross Profit (subtract line 2 from line 1) $ _____

Business Deductions: *(expenses must be paid within period listed above)*

4. Fuel	$	12. Advertising	$
5. Travel	$	13. Supplies	$
6. Taxes	$	14. Wages	$
7. Repairs	$	15. Rent	$
8. Insurance	$	16. Cleaning	$
9. Utilities	$	17. Bank Charges	$
10. Car & Truck	$	18. Legal & Professional Fees	$
11. Interest	$	19. Other (attach list)	$

20. **Total Deductions:** *(add lines 4 through 19)* $ _____
21. **Net Profit:** *(subtract line 20 from line 3)* $ _____

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

_____ _____
Applicant/Business Owner Signature Date