HOME ACCESSIBILITY & REPAIR PROGRAM (HARP)

SELF-EMPLOYMENT INCOME WORKSHEET

CAA Name:		CAA Phone:	
CAA Address:		CAA Fax:	
		CAA Email:	
		Create/Intake Date:	
Client Number:			
or previous calendar year, or		cant cannot provide a federal tax s not show his/her self-employme loyment business.	
	k account statements, busine plete or ambiguous informatio	ss ledgers, or accountant's record n will not be accepted.	ds must be attached to this
Name of Applicant with self-en	nployment and/or rental income): 	
If rental income, address of ren	ntal property:		
Description of business or trac			
Boomphon of Buomood of true			mm/yyyy
If business is located in your h	nome, indicate number of room	s used for business:	
Period covered by this worksh	eet (12 calendar months): F	rom:To:	•
,	(mm/yyyy	mm/yyyy
		nths that the business was in open ths prior to the start of the business)	
M 41- 0 V			
Month & Year Income Received Example: January 2023	Gross Amount Income Received Example: \$500.00	Month & Year Income Received Example: January 2023	Gross Amount Income Received Example: \$500.00
Income Received	Income Received	Income Received	Income Received
Income Received	Income Received	Income Received	Income Received
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Income Received	Income Received	Income Received	Income Received
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Income Received	Income Received	Income Received	Income Received
Income Received	Income Received	Income Received	Income Received
Income Received	Income Received	Income Received	Income Received
Income Received Example: January 2023 Under penalty of perjury, I certily will provide additional documents.	ify that the information I gave in entation upon request. If I have to criminal prosecution, liable to	Income Received Example: January 2023	Income Received Example: \$500.00 he best of my knowledge. ng or incomplete information,