

HOME ACCESSIBILITY & REPAIR PROGRAM (HARP)

**SELF-EMPLOYMENT INCOME WORKSHEET**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
 CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
 \_\_\_\_\_ CAA Email: \_\_\_\_\_

Primary Applicant: \_\_\_\_\_ Create/Intake Date: \_\_\_\_\_  
 Client Number: \_\_\_\_\_

**INSTRUCTIONS:** Use this Worksheet only when the Applicant cannot provide a federal tax return for the most recent or previous calendar year, or the Applicant's tax return does not show his/her self-employment and/or rental income. **Complete one form for EACH separate type of self-employment business.**

\*\*Documentation such as bank account statements, business ledgers, or accountant's records must be attached to this completed worksheet. Incomplete or ambiguous information will not be accepted.

Name of Applicant with self-employment and/or rental income: \_\_\_\_\_

If rental income, address of rental property: \_\_\_\_\_

Description of business or trade: \_\_\_\_\_ Date business started: \_\_\_\_\_  
 mm/yyyy

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

Period covered by this worksheet (12 calendar months): From: \_\_\_\_\_ To: \_\_\_\_\_  
 mm/yyyy mm/yyyy

List monthly business income in the table below, only for months that the business was in operation.  
 (Enter \$0 if no income for that month. Do not enter \$0 for months prior to the start of the business).

<i>Month &amp; Year Income Received Example: January 2023</i>	<i>Gross Amount Income Received Example: \$500.00</i>	<i>Month &amp; Year Income Received Example: January 2023</i>	<i>Gross Amount Income Received Example: \$500.00</i>
<b>Total Gross Income</b>			

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 \_\_\_\_\_