

CASE NUMBER

Home Energy Assistance Program Self-Employment Worksheet

HOME ENERGY ASSISTANCE PROGRAM (HEAP) benefits are **NOT** available for farms and businesses. However, a person who is self-employed in farming or in a small business may apply for HEAP to assist with **residential energy costs ONLY**. The applicant should complete this form and return it with adequate documentation. The applicant will be required to provide supporting documentation for information listed on this form. Incomplete or ambiguous information will not be accepted.

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME: (First) (MI) (Last)	BUSINESS NAME:
APPLICANT'S ADDRESS: (Street) (City) (State) (Zip Code)	BUSINESS ADDRESS:
APPLICANT'S TELEPHONE NO. AREA CODE	BUSINESS TELEPHONE NO. AREA CODE

FINANCIAL STATUS (FARM OR BUSINESS)

NOTE: Depreciation, personal expenses and entertainment, personal transportation, purchase of capital equipment and payments of the principals on loans are **NOT** allowable deductions.
Losses from previous years are also **NOT** deductible.

	MONTH ONE	MONTH TWO	MONTH THREE
	FROM: _____ TO: _____	FROM: _____ TO: _____	FROM: _____ TO: _____
I. BUSINESS INCOME	GROSS INCOME	GROSS INCOME	GROSS INCOME
1. Gross Sales	\$ _____	\$ _____	\$ _____
2. Inventory Purchases			
3. Gross Income (line 1 minus line 2)	3a	3b	3c
II. BUSINESS EXPENSES	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
4. Telephone	\$ _____	\$ _____	\$ _____
5. Supplies			
6. Heat/Utilities			
7. Advertising			
8. Interest			
9. Insurance			
10. Bank Charges			
11. Repairs			
12. Business Taxes			
13. Business Vehicle Expenses			
14. Business Rent			
a. Property			
b. Equipment			
15. Other Expenses (<i>Specify</i>)			
III. INCOME SUMMARY	SUMMARY	SUMMARY	SUMMARY
16. TOTAL Business Expenses <i>(lines 4 thru 15)</i>	16a	16b	16c
17. NET INCOME <i>(line 3 minus line 16)</i>	17a	17b	17c

TO BE COMPLETED BY DSS

THREE-MONTH TOTAL NET INCOME <i>(line 17a + line 17b + line 17c)</i>		THREE-MONTH AVERAGE NET INCOME <i>(line 18 divided by 3)</i>	
MONTH ONE (17a)	\$ _____	THREE MONTH TOTAL	\$ _____ = \$ _____ 3 THREE-MONTH AVERAGE
MONTH TWO (17b)	\$ _____		
MONTH THREE (17c)	\$ _____		
18. THREE MONTH TOTAL	\$ _____	(line 18)	

I certify that the information contained in this worksheet is true and accurate.

APPLICANT'S SIGNATURE:	DATE SIGNED:	WORKER'S SIGNATURE:	DATE SIGNED:
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INSTRUCTIONS ON HOW TO COMPLETE THE SELF-EMPLOYMENT WORKSHEET

TO BE COMPLETED BY ALL SELF-EMPLOYED APPLICANTS

APPLICANT INFORMATION

ENTER:

- Name
- Address
- Telephone
- Business name
- Business address
- Business telephone

FINANCIAL STATUS (FARM or BUSINESS)

I. BUSINESS INCOME

- **Gross sales** for each month
- **New Inventory** purchases
- Deduct new inventory purchases from gross sales to determine **gross income**.

II. BUSINESS-RELATED EXPENSES ONLY

- If **telephone** is not used exclusively for business, documentation should be produced to determine how much is business related.
- **Supplies** (*specify*) required to conduct self-employment.
- If **heat/utilities** are residential accounts, records such as Schedule C from last year's income taxes should be provided to determine how much is business related.
- If **advertising** contract is for more than three months, produce contract or other proof to determine percent of cost for one, two or three month period.
- Provide statement or other proof to determine amount of **interest** paid for one, two or three month period.
- Provide contract or other proof to determine amount of **insurance** for one, two or three month period.
- Provide bank statements indicating amount of **bank charges** incurred for one, two or three month period.
- Provide **paid repair** bills associated with repairs of required equipment incurred for one, two or three month period.
- Provide **tax bills** required to be paid to determine pro-rated expense for one, two or three month period.
- Provide required **business vehicle** log book to determine monthly expenses.
- Provide contract or other proof to determine amount of **rental charges** required to be paid which were incurred for one, two or three month period.
- Provide appropriate documentation to justify any other miscellaneous (*specify*) monthly expenses.

III. INCOME SUMMARY

- **Total** lines 4-15 for each month to determine total monthly business deductions.
- To determine **net income** for each month, deduct 16a from 3a, 16b from 3b, and 16c from 3c.

TO BE COMPLETED BY DSS

THREE MONTH TOTAL NET INCOME

Add month one, month two, and month three to determine three month total net income.

THREE MONTH AVERAGE NET INCOME

Divide three month total by three to determine three month average.