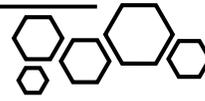
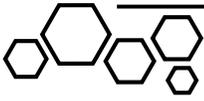


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SELF-EMPLOYMENT INCOME VERIFICATION

The net self-employment income must be determined for the period beginning ____/____ and ending ____/____. IRS documents or the self-employed individual's profit loss statement for the income determination period may be used to document the net income. Where this information is not available, the self-employed individual must complete this worksheet covering the 26-week income determination period.

Applicant Name :		Application Date :	
Self-Employed Individual's Name :			
Relationship to Applicant :		Starting/Ending Dates of Business :	
Description of Business :			
Description of Operating Expenses of Business :			

From	To	Gross Receipts	Expenses	Net Income
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____

I hereby attest that this is an accurate summary of my business income.

Signature of Self-Employed _____ Date ____ / ____ / ____

PHONE VERIFICATION

The above information was verified on this date by telephone (phone no: _____) with _____, who is the self-employed individual or representative thereof.

Staff Signature _____ Date ____ / ____ / ____

