

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

This form is to record income and expenses for self-employment income. It is to be used only when other business or tax records are unavailable. This information is confidential and will be used only to determine your eligibility for public assistance benefits. It cannot be released without your written consent. However, the Department of Social Services may contact sources listed on this form to verify the information.

Part I is a record of income from your business. Part II is a record of your business expenses. Complete this form as income is received and as expenses are paid. Unless this information is complete, Medicaid eligibility cannot be determined and Medicaid benefits may be stopped.

I, _____, am providing this written statement of my income and expenses from my _____ business for the period beginning _____ and ending _____.

I. PART I – INCOME

<u>Date</u>	<u>Amount</u>	<u>Source</u> (Include name and address of customer)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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**VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES**

_____	_____	_____
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_____	_____	_____

II. PART II – EXPENSES

<u>Date</u>	<u>Amount</u>	<u>Type of Expense/Source</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that the above information on my business income and expenses to be true, complete and accurate for the period shown.

Signature of Recipient/Applicant

Date Signed

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

III. CONTINUATION SHEET
PART I – INCOME

<u>Date</u>	<u>Amount</u>	<u>Source (Include name and address of customer)</u>
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_____ (Applicant/Recipient's Initials)
(Date)

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

iv. CONTINUATION SHEET
PART II – EXPENSES

<u>Date</u>	<u>Amount</u>	<u>Type of Expense/Source</u>
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—	—	_____
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_____(Applicant/Recipient’s Initials)

_____(Date)