

# SELF-EMPLOYMENT/NON-TRADITIONAL INCOME ATTESTATION

\_\_\_\_\_  
Earner Name

\_\_\_\_\_  
Earner Date of Birth

My Trade/Skill or Business Name is: \_\_\_\_\_

I get paid by:

- Cash/Check/Credit Card/Payment System (Paypal, Venmo, CashApp) from individual clients  
 Check from a Company     Cash     Other \_\_\_\_\_  
*(Please provide copy of checks, account statement, etc.)*

## **Self-Employment / Non-Traditional Attestations**

You must make one (1) answer selection, from each section below

### **TAXES**

- I file taxes, and the income reported on my most recent tax return is normal and is expected to be the same for this year. I will be submitting my tax returns as my proof of income which will include all pages of my tax return packet as submitted to the IRS.
- I did not file taxes last year OR the tax return I did file does not reflect what I expect to make this coming year.

### **BUSINESS RECORDS for the Most Recent 3 months**

- I have business records or other profit and loss statements for the most recent 3 months. I will be submitting this documentation as my proof of income and expenses.
- I do not have business records or other profit and loss statements.

### **OTHER MONEY ACCOUNT (BANK, CREDIT, ETC.) for the most recent 3 months**

- I have a money account of some kind such as a bank account, or reloadable credit card that shows my income and expenses. I will be submitting this documentation as my proof of income and expenses.
- I do not have any type of money account showing my income and expenses.

\_\_\_\_\_  
Earner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

If different than earner

\_\_\_\_\_  
Applicant Date of Birth

\_\_\_\_\_  
Eligibility Staff Name

\_\_\_\_\_  
Eligibility Staff Signature

\_\_\_\_\_  
Date

## RYAN WHITE SELF-EMPLOYMENT/NON-TRADITIONAL INCOME WORKSHEET

*Please provide 3 months of all gross monthly income **and** expenses:*

<b>Earner Name:</b>	<b>Earner Date of Birth:</b>
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Month:				Annual
<b>Gross Income Total:</b>	\$	\$	\$	\$

Month:				Annual
<b>Deductible Expense:</b>				
Advertising				
Car/Truck Expenses				
Commissions/Fees				
Contract Labor				
Depreciation				
Employee Benefit Programs				
Insurance				
Interest (Mortgage)				
Interest (Other)				
Legal & Professional Services				
Office Expenses				
Pension & Profit-Share Plans				
Rent or Lease (vehicles, machinery, equipment)				
Rent or Lease (other business property)				
Repairs & Maintenance				
Supplies				
Taxes & Licenses				
Travel				
Deductible Meals & Entertainment				
Utilities				
Wages				
Expenses for business use of your home				
Costs of Goods Sold				
Other Expenses				
<b>Expenses Total:</b>	\$	\$	\$	\$

I do not have any expenses

<b>Adjusted Gross Income:</b>	\$	\$	\$	\$
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*The information provided on this form is true and accurate to the best of my knowledge.*

Earner Signature \_\_\_\_\_

Date \_\_\_\_\_