Self-Employment Verification of Income

Date:		PELICAN ID#:					
	Self-employment income covers the period From//To//						
	Number of weeks self-employment income covers:						
	CLIENT IDENTIFICATION						
	LAST NAME:	FIRST NAME:		MIDDLE NAME:	IE:		
	STREET:	CITY:		STATE:	ZIP CODE:		
	HOME/CELL PHONE NUMBER:	SOCIAL SECURITY I	NUMBER:	DATE OF BIRTH:	AGE:		
	BUSINESS INFORMATION						
			DATE BUSINE	DATE BUSINESS STARTED:			
	BUSINESS PHONE NUMBER: BUSINESS ADDRESS: () —					-	
	NATURE OF BUSINESS CORPORATE STATUS OF BUSINESS (Please check one of the following): □ Sole Proprietorship □ Partnership □ S Corporation □ Limited Liability Corp						
	То	tal amount of gross rece			<u> </u>		
*Gross Receipts are the income you receive from your business. You should retain supporting documents which show the amounts and sources of your gross receipts.							
*Business expenses are the costs you incur to carry on your business. Your supporting documents should show the amounts paid for those business expenses. *Total amount of net income*: *Net income is equal to gross receipts minus business expenses.						_	
						_	
	RE	QUIRED BUSINESS DOC	CUMENTATION A	TTACHED			
PLEASE ATTACH THE FOLLOWING: Copy of most recent Federal Income Tax Return							
							IFY
	☐ Accounting ledgers☐ Bank deposit slips☐ Cash register tapes		Account stateme Canceled check Credit card char	S			
	Invoices Any other document that reas	-	Credit card sales	s slips			

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Self-Employment Verification of Income

Date	e:	PELICAN ID#:
•	correct and complete to the best of my ability, knowle subject to 18 Pa. C.S. § 4904 (relating to unsworn fine, imprisonment or subsidized child care ineligibility status. I understand that if I receive sub-	o me in full and that all information I have given is true, edge and belief. I understand that my statement is made falsification to authorities) and I can be penalized by lity for making any false statements that may affect my sidized child care for which I was not eligible, I will be tof child care I received in error.
	XParent/Caretaker Signature	X Date

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