

Appendix VII: Self-Employment Income and Expense Form

Self-Employment Income and Expense Form

Failure to complete all sections below, may delay the processing of your application.

Examples of self-employment include owning your own business, babysitting, daycare, home party sales, landlord, odd jobs, rideshare drivers, Ohio Electronic Child Care, selling items on eBay or similar platform, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter**, along with this completed form.

Name of Self-Employed Person: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
12-month Income Total:			12-Month Expense Total:		
Total Business Income (Income minus Expenses):					

Attach additional pages as necessary.

I certify under penalty of perjury, that this income and expenditure information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Appendix VIII: Employment Verification

Employment Verification Form

Employee Name: _____ Date: _____

Occupation: _____

Business Name (please print): _____

Employee Signature: _____

If pay stubs are not available, the client’s employer must complete the box below.

Please submit information to local Energy Assistance Provider:

****To be completed by the Employer Only****

Please complete the below information, sign and return to the agency listed above.
Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 30 days, if providing 12 months of employment attach a separate document with that information.

Date paycheck issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Address: _____

Employer Name (print): _____

Contact Phone Number: _____

Employer Signature (required): _____ Date: _____

Appendix IX: Seasonal Employment Verification

Seasonal Employment Verification Form

Seasonal employees are required to provide **12 months of income documentation**. If pay stubs are not available, the employer **must** complete the information below.

Household members who work on a 12-month contract but will be paid over a period of less than 12 months or are **employees** hired into a position for a short term. They are mostly part-time or temporary workers helping with increased work demands or **seasonal** work arising in different industries.

Local Energy Assistance Provider Contact Information: _____

Employee Name: _____ Date: _____

Employee Signature: _____

Occupation: _____

****To be completed by the Employer Only****

Please complete the below information, sign and return to the agency listed above.
Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 12 months from the date above or attach a separated document to this form.

Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Name (print): _____

Employer Address: _____

Employer Signature (required): _____ Date: _____

Employer Name (print): _____ Contact Phone Number: _____