LDSS-3785 (Rev. 5/18)

CASE NUMBER

Home Energy Assistance Program
3 Month Method
Self-Employment Worksheet

The applicant will be required to provide supporting documentation for information listed on this form. Incomplete or ambiguous information will not be accepted. **Depreciation, personal expenses and entertainment, personal transportation, purchase of capital equipment and payments of the principals on loans are NOT allowable deductions. Losses from previous years are also NOT deductible.**

APPLICANT'S NAME: (First) (MI) (Last)	BUSINESS NAME:
BUSINESS ADDRESS:	BUSINESS TELEPHONE NO.

FINANCIAL STATUS (FARM OR BUSINESS)

	MONTH ONE:	MONTH TWO:	MONTH THREE:
I. BUSINESS INCOME	**GROSS INCOME**	**GROSS INCOME**	**GROSS INCOME**
1. Gross Business Income	$	$	$
II. BUSINESS EXPENSES	**DEDUCTIONS**	**DEDUCTIONS**	**DEDUCTIONS**
2. Telephone	$	$	$
3. Supplies/Inventory			
4. Heat/Utilities			
5. Advertising			
6. Interest			
7. Insurance			
8. Bank Charges			
9. Repairs			
10. Business Taxes			
11. Business Vehicle Expenses			
12. Business Rent			
a. Property			
b. Equipment			
13. Other Expenses ***(Specify)***			
III. INCOME SUMMARY	**SUMMARY**	**SUMMARY**	**SUMMARY**
14. **TOTAL** Business Expenses *(lines 2 thru 13)*	14a	14b	14c
15. **NET INCOME** *(line 1 minus line 14)*	15a	15b	15c

TO BE COMPLETED BY DSS

THREE-MONTH TOTAL NET INCOME	THREE-MONTH AVERAGE NET INCOME
MONTH ONE *(15a)* $_____ **MONTH TWO *(15b)*** $_____ **MONTH THREE *(15c)*** $_____ **16. THREE MONTH TOTAL** $_____	**THREE MONTH TOTAL** $_____ = $_____ ***(line 16)*** **3** **THREE-MONTH AVERAGE**

WORKER'S SIGNATURE:	DATE SIGNED: