



Sliding Scale Financial Assistance Program
Self-Employment Verification Form

Name: _____ Date of Birth: _____

Business Name: _____

Business Address: _____

Business Telephone: _____

Use this form to record self-employment profit after business-related expenses are deducted. Use this form when the current 1040 tax return is not available.

Self-Employment Income from the last 90 days:

Table with 3 columns: Date Received, Source (Include name of customer or Job), Amount Received. Contains 5 empty rows for data entry.

Self-Employment Expenses from the last 90 days:

Examples of expenses are labor costs, materials, supplies, vehicles, etc.

Table with 3 columns: Date, Type of Expense, Amount Paid. Contains 5 empty rows for data entry.

Net Profit: (Income minus Expenses)

Amount: [Empty box for net profit amount]

I understand I may be contacted to verify this information. I understand providing false information will result in any discounts being revoked and the full balance of the account(s) restored and payable immediately. This information is confidential and only used to determine my eligibility for the Sliding Scale Financial Assistance Program.

Signature: _____ Date: _____