

CHILDREN'S



RESOURCE & REFERRAL
OF SANTA BARBARA COUNTY

The mission of Children's Resource & Referral of Santa Barbara County is to develop strong and healthy families by providing education, care, and resource systems to children, their parents, and caregivers, with a special emphasis on low income and under-represented children and families.

www.sbfcc.org

Self-Employment Verification Form

Participant Name: _____ Business Name: _____
Business Address _____ Business Phone: _____

Please check the appropriate boxes below. Submit requested documentation with this completed form.

		Yes	No
1.	Do you have a business license to conduct business in Santa Barbara County or a neighboring count? (If yes, please attach)		
2.	Do you have a professional license? (If yes, please attach)		
3.	Is your office or place of work also your residence or located at your residence		
4.	Is your office or place of work a rented property?		
5.	Do you have regular business hours? (If so, please attach)		
6.	Do you work for others on a contract basis?		
7.	Do you have advertising materials? (If yes, please attach)		

Please check the appropriate box below and describe the primary nature of your self-employment:

- Sales (real estate, retail business, etc.)
- _____
- Landscape / Gardening (landscaping, landscape design, etc.)
- _____
- Domestic (house-cleaning business, etc.)
- _____
- Trucking (own truck/trucking business, works for a company as an independent contractor, etc.)
- _____
- Other (please describe)
- _____

Please select the box that best describes the basis for your income and tell how much you typically earn for that item and how many of those items you would be paid for in a month.

(Example: Per haul \$75.00 per haul, 22 hauls per month)

- | | |
|---|---|
| <input type="checkbox"/> Commission _____ | <input type="checkbox"/> Per job _____ |
| <input type="checkbox"/> Per sale _____ | <input type="checkbox"/> Per piece _____ |
| <input type="checkbox"/> Per mile _____ | <input type="checkbox"/> Per haul _____ |
| <input type="checkbox"/> Per item completed _____ | <input type="checkbox"/> Other (Please explain) _____ |

Please document your schedule below:

Average number of **hours per day normally worked.** _____ Average number of **days per week normally worked.** _____

Do days worked vary? Yes No Do work hours vary? Yes No

Time normally worked: _____ : _____ AM/PM _____ : _____ AM/PM

Check the days normally worked

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that I must notify Children's Resource & Referral within five (5) days if any of the above information changes. I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true, correct and accurate to the best of my knowledge.

Participant Signature: _____ Date: _____