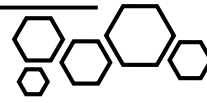
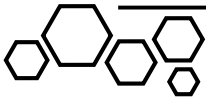


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SELF-EMPLOYMENT INCOME VERIFICATION

The net self-employment income must be determined for the period beginning ____/____ and ending ____/____. IRS documents or the self-employed individual's profit loss statement for the income determination period may be used to document the net income. Where this information is not available, the self-employed individual must complete this worksheet covering the 26-week income determination period.

| | | | |
|---|--|-------------------------------------|--|
| Applicant Name : | | Application Date : | |
| Self-Employed Individual's Name : | | | |
| Relationship to Applicant : | | Starting/Ending Dates of Business : | |
| Description of Business : | | | |
| Description of Operating Expenses of Business : | | | |

| From | To | Gross Receipts | Expenses | Net Income |
|------|----|----------------|----------|------------|
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |
| | | _____ - _____ | | \$ _____ |

I hereby attest that this is an accurate summary of my business income.

Signature of Self-Employed _____ Date ____ / ____ / ____

PHONE VERIFICATION

The above information was verified on this date by telephone (phone no: _____) with _____, who is the self-employed individual or representative thereof.

Staff Signature _____ Date ____ / ____ / ____

