



MARYLAND OFFICE OF HOME ENERGY PROGRAMS INCOME VERIFICATION OF SELF EMPLOYMENT

RETURN THIS FORM TO: [Blank lines for return address]

Instructions: If you are self-employed, please fill out this form and attach documentation of the amount being reported for the last 30 days. If you file taxes, the IRS tax form Schedule S E is required. If you have not filed taxes, please submit your weekly, monthly and/or quarterly books/statements, ledgers, sales slips, cancelled checks, invoices, bank statements/deposits.

Applicants' Name: _____ Client ID #: _____ Local agency will provide

Business Owner: _____

Type of Business: _____

Period Covered: _____ to _____

Reported Income: _____ [If filing taxes, take Schedule S E, line 3, and divide by 12. If taxes were not filed, take the gross income from the last 30 days.]

Do you file income taxes for your Self Employment?

Yes (Schedule S E is attached)

No (If not, explain and attach documentation):

IF YOU RECEIVE CASH ONLY FOR SERVICES:

Table with 4 columns: Gross Income, Date Received, Gross Income, Date Received. Contains 4 empty rows for data entry.

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

I give permission to the Office of Home Energy Programs (OHEP) and/or the Office of the Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs. I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

When this form is completed by other than the applicant, the signer(s) agree to report to the local agency any changes of which he is aware in the financial circumstances of the applicant or in his relationship to the applicant.

Business Owner's Signature: _____ Date: _____

I have reviewed the applicant's self-employment documentation (circle all that apply) books/statements, ledgers sales slips, cancelled checks, invoices, bank statements/deposits, purchase orders or cash receipts.

Worker's Signature: _____ Date: _____