



## PLEASE CONTINUE TO PAY ON YOUR BILLS, YOUR UTILITY BILLS ARE YOUR RESPONSIBILITY

The information in this packet will be used for your Liheap application. You **must** include this packet and additional documents listed below to complete your application.

Once all of your information and documents are received, your application will be processed by NICAA and you will be notified of the status.

**You are not guaranteed assistance.**

### Documents needed to proceed with the application:

- Social Security Cards for ALL MEMBERS of the household
  
- Proof of ALL GROSS INCOME for household members above 18 years of age
  - Wages
  - SSI/SSA
  - Unemployment
  - TANF/AABD
  - Pension
  - Child Support
  - Self-Employment
  - Cash Payments
  - Interest/Annuities
  - O income form for anyone over 18 with NO income
  
- Complete Gas and Light Bills (Current 30 days). **If there is a Disconnect Notice, it must also be sent with the original bills.**
  
- Lease (if renting)
  
- Medical Card (if household receives one)

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

During this time, when returning **your Documents** to our agency, you can either:

**Fax** them to: **815-232-3143**

or

**Email** them to: [nicaa125@nicaa.org](mailto:nicaa125@nicaa.org)

(Enter Liheap assistance in the Subject line)

or

**Mail** them to: NICAA

27 S State Ave. Suite 102

Freeport, IL 61032

**Drop Off** in the mail slot located next to the door at our office between 8:00 am and 3:00 pm

Any originals dropped in the mail slot will be mailed back after copies have been made.

## Universal Signature Page

**IMPORTANT NOTICE:** This state of Illinois grantee agency, Northwestern Illinois Community Action Agency, is requesting disclosure of information that is necessary to accomplish a complete application for:

<input type="checkbox"/>	Community Service Block Grant (CSBG)
<input type="checkbox"/>	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
<input checked="" type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program

**APPLICANT STATEMENT:** I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Percentage of Income Payment Plan Known as PIPP Program

Under the PIPP Program (Percentage of Income Payment Plan) an eligible client will pay a percentage of their income, receive a monthly benefit towards their utility and lower their overdue bills for every on time payment they make by the bill due date.

If a client chooses the PIPP program, they CAN NOT be late with payments or they may be removed from the program. They then WILL NOT be eligible for LIHEAP assistance for the remaining program year.

The client must have utility services with Nicor and ComEd or all electric with ComEd.

Are you currently on the PIPP Program?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If no, are you interested in information on the PIPP Program?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** Client CAN NOT be disconnected from their utilities.

# Northwestern Illinois Community Action Agency Disclosure Form PY 2020

Household member Name on bills

LP/Natural Gas \_\_\_\_\_

Electric \_\_\_\_\_

Are you disconnected? YES \_\_\_\_\_ or NO \_\_\_\_\_

If yes, which utility:

LP/Natural Gas

Electric

Both

Are you employed by Northwestern Illinois Community Action Agency? YES or NO

Is anyone in your family employed by Northwestern Illinois Community Action Agency? YES or NO

IF YES PLEASE LIST NAME(S) AND RELATIONSHIP TO YOU:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

# LIHEAP MEMBER OF HOUSEHOLD CHECKLIST

Soc. Sec. Number \_\_\_\_\_

Are you a Veteran: Yes / No

Name -First \_\_\_\_\_

**PAST 30 DAY GROSS INCOME**

Last \_\_\_\_\_

Soc. Sec. \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSI \$ \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Wages \$ \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Ethnic Group: White \_\_\_\_\_

TANF/AABD \$ \_\_\_\_\_

African American \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Native American \_\_\_\_\_

Pension \$ \_\_\_\_\_

Asian \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_

Hispanic \_\_\_\_\_

GA \$ \_\_\_\_\_

Other \_\_\_\_\_

Snap \$ \_\_\_\_\_

Soc. Sec. Number \_\_\_\_\_

Are you a Veteran: Yes / No

Name -First \_\_\_\_\_

**PAST 30 DAY GROSS INCOME**

Last \_\_\_\_\_

Soc. Sec. \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSI \$ \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Wages \$ \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Ethnic Group: White \_\_\_\_\_

TANF/AABD \$ \_\_\_\_\_

African American \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Native American \_\_\_\_\_

Pension \$ \_\_\_\_\_

Asian \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_

Hispanic \_\_\_\_\_

GA \$ \_\_\_\_\_

Other \_\_\_\_\_

Snap \$ \_\_\_\_\_

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Soc. Sec. Number \_\_\_\_\_

Are you a Veteran: Yes / No

Name -First \_\_\_\_\_

**PAST 30 DAY GROSS INCOME**

Last \_\_\_\_\_

Soc. Sec. \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSI \$ \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Wages \$ \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Ethnic Group: White \_\_\_\_\_

TANF/AABD \$ \_\_\_\_\_

African American \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Native American \_\_\_\_\_

Pension \$ \_\_\_\_\_

Asian \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_

Hispanic \_\_\_\_\_

GA \$ \_\_\_\_\_

Other \_\_\_\_\_

Snap \$ \_\_\_\_\_

Soc. Sec. Number \_\_\_\_\_

Are you a Veteran: Yes / No

Name -First \_\_\_\_\_

**PAST 30 DAY GROSS INCOME**

Last \_\_\_\_\_

Soc. Sec. \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSI \$ \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Wages \$ \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Ethnic Group: White \_\_\_\_\_

TANF/AABD \$ \_\_\_\_\_

African American \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Native American \_\_\_\_\_

Pension \$ \_\_\_\_\_

Asian \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_

Hispanic \_\_\_\_\_

GA \$ \_\_\_\_\_

Other \_\_\_\_\_

Snap \$ \_\_\_\_\_

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Soc. Sec. Number \_\_\_\_\_

Are you a Veteran: Yes / No

Name -First \_\_\_\_\_

**PAST 30 DAY GROSS INCOME**

Last \_\_\_\_\_

Soc. Sec. \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSI \$ \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Wages \$ \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Ethnic Group: White \_\_\_\_\_

TANF/AABD \$ \_\_\_\_\_

African American \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Native American \_\_\_\_\_

Pension \$ \_\_\_\_\_

Asian \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_

Hispanic \_\_\_\_\_

GA \$ \_\_\_\_\_

Other \_\_\_\_\_

Snap \$ \_\_\_\_\_

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Soc. Sec. Number \_\_\_\_\_

Are you a Veteran: Yes / No

Name -First \_\_\_\_\_

**PAST 30 DAY GROSS INCOME**

Last \_\_\_\_\_

Soc. Sec. \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSI \$ \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Wages \$ \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Ethnic Group: White \_\_\_\_\_

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Child Support \$ \_\_\_\_\_

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Pension \$ \_\_\_\_\_

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VA Benefits \$ \_\_\_\_\_

Hispanic \_\_\_\_\_

GA \$ \_\_\_\_\_

Other \_\_\_\_\_

Snap \$ \_\_\_\_\_



# LIHEAP MEMBER OF HOUSEHOLD CHECKLIST

Soc. Sec. Number \_\_\_\_\_  
Name -First \_\_\_\_\_  
Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_  
Ethnic Group: White \_\_\_\_\_  
African American \_\_\_\_\_  
Native American \_\_\_\_\_  
Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Other \_\_\_\_\_

Are you a Veteran: Yes / No  
**PAST 30 DAY GROSS INCOME**  
Soc. Sec. \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
Wages \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
TANF/AABD \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
VA Benefits \$ \_\_\_\_\_  
GA \$ \_\_\_\_\_  
Snap \$ \_\_\_\_\_

Soc. Sec. Number \_\_\_\_\_  
Name -First \_\_\_\_\_  
Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_  
Ethnic Group: White \_\_\_\_\_  
African American \_\_\_\_\_  
Native American \_\_\_\_\_  
Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Other \_\_\_\_\_

Are you a Veteran: Yes / No  
**PAST 30 DAY GROSS INCOME**  
Soc. Sec. \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
Wages \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
TANF/AABD \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
VA Benefits \$ \_\_\_\_\_  
GA \$ \_\_\_\_\_  
Snap \$ \_\_\_\_\_

**MONTHLY EXPENSES**

(Dollar Value Only)

Rent/Mortgage: \$ \_\_\_\_\_

Gas/LP/Heat: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_

Water: \$ \_\_\_\_\_

**Housing Cost**

Total: \$ \_\_\_\_\_

Car Payment: \$ \_\_\_\_\_

Car Insurance: \$ \_\_\_\_\_

Gasoline: \$ \_\_\_\_\_

Food (AFTER LINK): \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_

Phone Bill: \$ \_\_\_\_\_

CELL Phone: \$ \_\_\_\_\_

Cable/Internet: \$ \_\_\_\_\_

Laundry: \$ \_\_\_\_\_

Household Supplies: \$ \_\_\_\_\_

Dining/Entertainment: \$ \_\_\_\_\_

Credit Cards: \$ \_\_\_\_\_

Medical Expenses: \$ \_\_\_\_\_

Education: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

Difference: \$ \_\_\_\_\_

**GROSS 30 DAY INCOME**

(Dollar Value Only)

SSA/SSI/SSDI: \$ \_\_\_\_\_

Wages: \$ \_\_\_\_\_/hour x hours/week

\$ \_\_\_\_\_/month

Unemployment: \$ \_\_\_\_\_

TANF: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

VA Benefits: \$ \_\_\_\_\_

General Assistance: \$ \_\_\_\_\_

Cash Payment: \$ \_\_\_\_\_

Tips: \$ \_\_\_\_\_

Bonuses: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Do you have Medical Insurance?:

\_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare

\_\_\_\_\_ Private \_\_\_\_\_ None

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Intake Worker: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FILL THIS PAGE OUT COMPLETELY!!!!**

## HOUSING INFORMATION

Do you own your home: Yes \_\_\_\_\_ or No \_\_\_\_\_

If **NO** please fill out the following information:

LANDLORD'S NAME \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

LANDLORD'S CITY/STATE \_\_\_\_\_

LANDLORD'S TELEPHONE \_\_\_\_\_

### Supplemental Questions: (Please answer)

1. Currently have a past due notice for Main Heating Fuel: Yes/No
2. Supplemental Heating Fuel (select one): Electricity (cannot be chosen if primary fuel type is electricity)/Wood/Other
3. Main cooling equipment (choose one): Central Air Conditioning/Window/Wall Air Conditioning/None
4. Number of sleeping rooms in home: \_\_\_\_\_
5. A/C Location (choose one): Sleeping Rooms/Common Area/Sleeping Rooms & Common Area
6. Number of Air Conditioner Units in the home: \_\_\_\_\_

## Resource Referrals for Energy Assistance

Are you interested in budgeting or financial literacy tips to help you manage your household income? <a href="http://www.idfpr.com/Consumers/IFLI/IFLI.asp">http://www.idfpr.com/Consumers/IFLI/IFLI.asp</a>	Yes or No
Are you interested in energy conservation tips for your home or apartment so you can save money on your utility bills? <a href="https://www.energystar.gov/">https://www.energystar.gov/</a>	Yes or No
Are you interested in information about SSI (Supplemental Security Income)? <a href="https://www.ssa.gov/ssi/">https://www.ssa.gov/ssi/</a>	Yes or No
Do you have a safe place to go if you are disconnected from your heat source?	Yes or No
If your residence has not been weatherized in the last 10 years, are you interested in information about the Weatherization Program?	Yes or No
Are you interested in information about the Illinois Department of Aging Community Care In-Home Service? <a href="https://www.illinois.gov/aging">https://www.illinois.gov/aging</a>	Yes or No
If a household member is a Veteran of the United States Armed Forces, would you like information on Veterans Benefits? <a href="https://www.illinois.gov/veterans/benefits">https://www.illinois.gov/veterans/benefits</a>	Yes or No
Are you interested in information about Unemployment Insurance Benefits and job searches? <a href="http://www.ides.illinois.gov">http://www.ides.illinois.gov</a>	Yes or No
If everyone in your household does not have health insurance, are you interested in information about Medicaid? <a href="https://www.illinois.gov/hfs">https://www.illinois.gov/hfs</a>	Yes or No
Are you interested in local food pantries or nutrition programs such as: Women, Infants, and Children (WIC) or SNAP (Food Stamps), &/or Meals on Wheels or group meal sites for the elderly? <a href="http://www.wicprograms.org/state/illinois">http://www.wicprograms.org/state/illinois</a> and <a href="http://www.dhs.state.il.us">http://www.dhs.state.il.us</a>	Yes or No
Does anyone in your household receive SNAP (Food Stamps)?	Yes or No
Are you interested in information about Lifeline (monthly phone service discounts)? <a href="http://www.phone-bill-assistance.com/lifeline/IL">http://www.phone-bill-assistance.com/lifeline/IL</a>	Yes or No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? <a href="http://ccpoint.org/">http://ccpoint.org/</a>	Yes or No
<p><b>How were you referred to LIHEAP?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Governor's Published Announcement</li> <li><input type="radio"/> Local News Media</li> <li><input type="radio"/> Flier(s)</li> <li><input type="radio"/> LIHEAP event (e.g., energy workshop)</li> <li><input type="radio"/> Former applicant</li> <li><input type="radio"/> Other</li> </ul> <p><b>To locate other programs in your area: United Way dial 211, or City of Chicago dial 311</b></p>	

# Energy Assistance Program Zero Income Affidavit

Income Period:	Name of adult member(s) with Zero Income:	Last date of Employment:	Date of Last Pay:
From:			
To:			
Application #:			
Head of Household Name:			

The dates may not be in the 30-day timeframe, but "Last date of Employment" and "Date of Last Pay" **must** be entered for each adult with zero income.

**1. Have any of the above-listed household members received cash or check(s) as payment for work performed in the last 30 days?** \*Example: hair styling, babysitting, lawn/snow maintenance, car repair, scrap metal, etc.

Yes\*                                       No Continue to question 2

\* If yes, the person is **not a Zero Income Adult**.

**2. Have any of the above-listed household members received any cash gifts in the last 30 days?** \*Example: A friend or relative gives you \$50 this month as a gift to help with your living expenses.

Yes\*                                       No Continue to question 3

\*If yes, this is considered "unearned income"; therefore, the person is **not a Zero Income Adult**.

**3. Have any of the above-listed household members received any loans in the last 30 days?** \*Example: A friend or relative loans you money this month to help with your living expenses.

Yes\* CONTINUE                                       No Continue to question 4

\*If yes, this is not considered income, but is assumed as a debt to be paid back at a later time; therefore, the recipient **may be considered a Zero Income Adult**. Please indicate below the amount of the loan, and the name of the person assisting you, then continue to question 4.

Amount of Loan	Person Assisting	Amount of Loan	Person Assisting

**4. Does any person or agency pay any of your expenses, such as rent, mortgage, utilities, directly to the landlord, mortgage or utility company? Answer a, b, or c below:**

a. Yes - COMPLETE TABLE BELOW                       b. No - COMPLETE TABLE BELOW- how are you meeting your needs with no income?

c. All Expenses were covered by household's recorded income. **SKIP TO INITIALS AND SIGNATURES.**

For a. or b., if any expenses were *not* covered by household's recorded income, complete the table below and indicate which expenses were **paid directly** and by whom. Include the 30-day expense totals, and explain below how the expenses have been met in the household (such as SNAP, Section 8, etc.). Indicate the name of the person assisting, and complete the **Verification of Paying Household Bills Affidavit, in addition to the Zero Income Affidavit**. If a cash gift is received, see #2 (above).

Type of Expense	Amount	How was the need met?	Name of person assisting directly
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

\*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

\_\_\_\_\_ I certify the information provided above is true and a complete statement of facts.

\_\_\_\_\_ I understand: I may be required to provide proof of any information given. False information will invalidate this form and may require the return of any benefits received based on the false information.

\_\_\_\_\_ I understand all adult household members are subject to further verification of the income information provided. ***This form must be completed in full or my application will be DENIED.***

Assistance was needed to fill out this form:                       Yes                       No

Applicant Signature	Date
Intake Worker Signature	Date

**ENERGY ASSISTANCE PROGRAM**  
**Income Affidavit**

Application Name: \_\_\_\_\_ County: \_\_\_\_\_ Application Number: \_\_\_\_\_

I, \_\_\_\_\_, attest to the fact I have received

\$ \_\_\_\_\_ gross income for the period covering \_\_\_\_\_ to \_\_\_\_\_.

I met my financial obligations during the 30-day period by: \_\_\_\_\_

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**DHS INCOME CHECKLIST**

Does your household receive Food Stamps/SNAP Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Does your family have a Medical Card(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive AABD or TANF funding? *(Please circle which one)* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

**INTAKE/VERIFICATION NOTE: Use DHS table of monthly allowance chart. *If the amount differs from the chart, the client MUST have proof of current DHS income.*** (Refer to Section VII -- contacting DHS to verify income)

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I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Head of Household

Intake Worker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SELF-EMPLOYED INCOME WORKSHEET**

Applicant/Household Member Name \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_

**Information must be verified by a ledger, check stubs, receipts and/or other verification.**

<b>A. GROSS RECEIPTS OR SALES</b>	
<b>B. DEDUCTIONS OF EXPENSES RELATED TO BUSINESS</b>	
1. Advertising (flyers, newspaper ads, etc.)	
2. Bad debts from sales or service (uncollectable)	
3. Bank Service Charges ( bank fees)	
4. Business Related Laundry (uniforms,)	
5. Cost of Goods Sold (cost of products sold)	
6. Insurance (for business only)	
7. Interest on business indebtedness (loans, credit cards, etc)	
8. Legal and Professional Services (accountant, lawyer, etc)	
9. Office Expense (copy paper, pens, sales receipts, etc)	
10. Postage(mailing flyers, invoices, receipts, etc)	
11. Rent Expense(for business property - does not include mortgage)	
12. Repairs (on copy machines, fax machines, computers, etc)	
13. Taxes incurred and paid during the timeframe (business related )	
14. Telephone (business related)	
15. Transportation Expense (for Program Year 2020, use \$.58 per mile for automobile) or include public transportation (bus, train, taxi)	
16. Utilities (business)	
17. Wages Paid to Employees (Other than Self or Household Members)	
18. Other(specify)	
<b>C. Wages paid to Owner</b>	
<b>D. Wages Paid to Household Member</b>	
<b>E. TOTAL EXPENSES (B + C + D)</b>	
<b>F. NET INCOME A. (GROSS RECEIPTS) minus E. (EXPENSES) = NET PROFIT OR LOSS</b>	
<b>*** C, D, and F must be reported on income affidavit</b>	

- The Profit or Loss (listed above) from business or professional self-employment is for the 30 day period of \_\_\_\_\_ to \_\_\_\_\_.
- The Profit (or Loss) list above is available to the owner and/or other household members for personal use?  Yes  No
- I certify and declare, under penalties of perjury, that the information I have provided is an accurate and complete disclosure of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_