

Statement of Self-Employment Income

Date: _____ PELICAN ID #: _____

Self-employment income covers the period From ___/___/___ To ___/___/___

Number of weeks self-employment income covers: _____

CLIENT IDENTIFICATION			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET:	CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	AGE:

BUSINESS INFORMATION	
BUSINESS NAME:	DATE BUSINESS STARTED:
BUSINESS PHONE NUMBER: () -	BUSINESS ADDRESS:
NATURE OF BUSINESS	CORPORATE STATUS OF BUSINESS (Please check one of the following): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corp

Total amount of gross receipts*: \$ _____

*Gross Receipts are the income you receive from your business. You should retain supporting documents which show the amounts and sources of your gross receipts.

Total amount of business expenses*: \$ _____

*Business expenses are the costs you incur to carry on your business. Your supporting documents should show the amounts paid for those business expenses.

Total amount of net income*: \$ _____

*Net income is equal to gross receipts minus business expenses.

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X _____
Parent/Caretaker Signature

X _____
Date

SELF-EMPLOYMENT SCHEDULE OF CARE

Parent/Caretaker Name	PELICAN Co/Rec	Self-Employment Begin Date	Number of Hours of Care per Week the P/C is Eligible

<p>WEEK ONE: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p>	<p>WEEK TWO: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p>
<p>WEEK THREE: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p>	<p>WEEK FOUR: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p>

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X _____
Parent/Caretaker Signature

X _____
Date