



## INCOME SECURITY PROGRAMS FORM L – MONTHLY STATEMENT OF SELF-EMPLOYMENT

Une version française de ce document est disponible.

All sections are mandatory. Place a dash or line through boxes that do not apply to you.

Case Number:

### Applicant Information

Last Name:	First Name:
Telephone:	Email:
Current Mailing Address:	
Community:	Postal Code:

### Self-Employment Business

Business Name:		
Business License Number:	Telephone:	Fax Number:
Business Type:		
Business Address:		

### A. Business for the Month

Total Sales:	\$
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### B. Operating Expenses for the Month (You Must Submit Receipts)

Office Supplies	\$	Administration Fees	\$	Bank Interest	\$
Telephone/Utilities	\$	Advertising	\$	Maintenance/Repair Costs	\$
Insurance	\$	Rent	\$	Business Tax	\$
Salaries/Benefits	\$	Travel	\$	Meals	\$
Delivery/Freight	\$	Licenses	\$	Other	\$
Other	\$	Other	\$	Other	\$

**C. Operating Expenses for Business Vehicle Including Maintenance**

Cost of Fuel	\$	Lease Payment for Business Vehicle	\$	Licenses	\$
Car Washes	\$	Insurance for Vehicle	\$	Grease/Oil Changes	\$
Repairs (non-accidental)	\$	Other	\$	Other	\$

**Total Self-Employment Business Income**

Total for Section A:	\$
Total for Section B:	\$
Total for Section C:	\$
Total Business Income (A-B-C):	\$

**Declaration and Consent**

I declare that the information on this form and supporting documents are true to the best of my knowledge, and I have declared all income received under self employment.



Applicant Signature

(YYYY/MM/DD)

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