

Utility Discount Program

Declaration of Self Employment Income

Directions: Complete this form if you are self-employed, a registered agent of a company/non-profit, work for cash, or have income from land/property. Please indicate income for the past three months if the income is derived from a business, trade, profession, non-profit or church. List the gross amount before any deductions in boxes A-C for the corresponding months (this includes church donations and payments, benefits or expenses paid for on behalf of the company/non-profit.)

Name of Business: _____
 Business Address: _____
 Type of Business: _____

I am ☐ Sole Proprietor/Owner ☐ Partner ☐ Cash Labor ☐ Other (specify): _____

Months	Total <u>Gross</u> Before Any Business Deductions
1.	A.
2.	B.
3.	C.
Total Gross Amount	D.

Business Deductions/Cost of Operations	Amount
1. Advertising	A.
2. Business Travel Expenses	B.
3. Business Insurance	C.
4. Legal and Professional Fees	D.
5. Office Supplies and Postage	E.
6. Rent (Business Property Only NOT Home Property)	F.
7. Utilities and Telephone (Business Property Only NOT Home Property)	G.
8. Cost of Goods	H.
Total Business Deductions (Add boxes A-H)	I.
Total Gross Profit (Subtract box I from box D)	

Are your self-employment income and expenses different from your last tax return or what they are normally? If yes, then please explain:

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I certify that the information contained in this Declaration of Self Employment Income form is complete and accurate to the best of my knowledge. I understand that I am signing this form under penalty of criminal prosecution if I knowingly have provided false or incomplete information regarding the total income of my household living situation, which results in assistance for which I am not eligible. I authorize the Human Services Department to release and receive information regarding my application to other agencies and City utilities regarding income, household members, and housing status. I understand that granting this permission may result in my not receiving assistance if the information provided is neither accurate nor true. I authorize use of a photocopy of this authorization in lieu of an original. I understand that the City of Seattle Utilities may recover the true cost of my utility usage if the information is neither true nor accurate and I receive benefits for which I am not entitled.

Signature: _____ Date: _____