



Seattle Office of Housing  
 PO Box 94725  
 Seattle, WA 98124-4725

## HOMEWISE CLEAN HEAT & WEATHERIZATION APPLICATION

### Document Checklist

**PLEASE DON'T REMOVE THIS SHEET from your application. Check off each item you are sending.**

Check the box (left) each item you are sending with your completed application

✓	Items	Form or documentation	Page	Document Explanation
	1.	<b>Document Checklist</b>	Page 1, 2 & 3	<b>Please send these pages and</b> check off required documents you are sending.
	2.	<b>Resident Information</b>	Pages 4 & 5	This form must be completed listing all persons living in your home, whether related or not, and list renters.
	3.	<b>Homeowner Oil Tank Decommissioning Agreement Form</b>	Page 6, 7 & 8	You must choose which option you want towards decommissioning your oil tank.  Also, indicate if you have an above ground oil tank, or is it below ground?
	4.	<b>Oil tank registration with State of Washington Pollution Liability Insurance Agency (PLIA),</b>		<b>Send a copy of the form from PLIA your oil tank is registered.</b> The form must include your name, address, registration date, and registration number.  Request verification whether you have registered your oil tank. <a href="https://plia.wa.gov/heating-oil-pollution-liability-insurance-program/">https://plia.wa.gov/heating-oil-pollution-liability-insurance-program/</a> or call (800) 822-3905 or (360) 407-0520
	5.	Verification from <b>PLIA</b> oil tank is <b>not</b> registered.		<b>If your oil tank isn't registered with PLIA</b> send a copy of the letter or e-mail you received from PLIA.
	6.	<b>SCL (Seattle City Light) Utility Release Form</b>	Page 9	Homeowner or renters agrees to SCL's survey towards energy savings.
	7.	<b>Warranty &amp; Inspections Client Release Form</b>	Page 10	Sign acknowledging one year Warranty on all work we provide. Also, you agree to be available for scheduled appointments visiting your home with City staff, and contractors.
	8.	<b>Applicant Declaration of No Income Form</b>	Page 11	Send only if haven't received income for the last 3 months or hadn't received income in one or few of the past 3 months.  Each household member, age 19 years or older, with no income must complete this form. Call us if you need more forms. We require a form from each if you have more than one individual with no income in the household.

Document Checklist continued on next page



## Document Checklist continued

Check the box (left) each item you are sending with your completed application

✓	Items	Form or documentation	Page	Document Explanation
	<b>9.</b>	<b>Self-employment Worksheet</b>	Pages 12 & 13	If you are self-employed, attach these forms, along with copies of applicable forms: proof of income, and receipts per instructions.
	<b>10.</b>	<b>Verification of where you live.</b> (refer to list below).		Send a copy of <b>one</b> of the following items listed below. The document must be current and must show applicant's name and address.
		<ul style="list-style-type: none"> <li>Current Seattle City Light bill, Puget Sound Energy bill, or fuel bill</li> </ul>		
		<ul style="list-style-type: none"> <li>Mortgage payment receipt</li> </ul>		
		<ul style="list-style-type: none"> <li>Current Lease or rental agreement from your landlord</li> </ul>		
		<ul style="list-style-type: none"> <li>Mobile Home residents: If you live in a mobile home, you must also send a copy of your <b><u>State of Washington Vehicle Certificate of Ownership (Title)</u></b></li> </ul>		
	<b>11.</b>	<b>Residence verification document</b> (refer to list below).	All persons in your household must choose one of the items listed below to send with your application.	
		<ul style="list-style-type: none"> <li>U.S. Birth Certificate(s)</li> </ul>		
		<ul style="list-style-type: none"> <li>Social Security card(s)</li> </ul>		
		<ul style="list-style-type: none"> <li>Passport (s)</li> </ul>		
		<ul style="list-style-type: none"> <li>Qualified alien residence card documents. (Call our office if you need a list of other acceptable alien residence documents)</li> </ul>		
<p>If you choose not to include a copy of one of the documents listed above (item #11), we can still accept your application without it. You'll need to write a comment about why you didn't send this document. We will accept your comment, for example:                      "I don't have a copy." then sign and date below. If you have more than 2 in your household, list them on the reverse side of this page. <b style="background-color: yellow;">If you don't send one of these documents, it may result in fewer home improvements available to you.</b></p>				
Resident's comment:				
Print name:		Signature	date	
Resident's comment:				
Print name:		Signature	date	

Document Checklist Page 2  
continued on next page.

Weatherization Application  
Page 2 of 13



## Document Checklist continued

Check the box (left) each item you are sending with your completed application

✓	Items	Form or documentation	Document Explanation
	10.	<b>Income documentation (copies).</b>	<b>All residents living in your home, including renters, must send copies of their income. Send only those items that apply to you from the list below:</b>
		<b>Paycheck stubs</b> (these documents must show your name and address)	
		<b>Bank Statements</b> (send only if you have drawn from investment accounts within the previous 3 months from date of applying). Example: IRA, and/or CDs). Send all pages, don't cross out information on statements.	
		<b>TANF</b> (Public Assistance payments)	
		<b>Child Support Income:</b> send copy of checks and copy of full Divorce Decree	
		<b>Pension/retirement income</b> Send a form or letter from the company you receive payments. Send most <b>current year</b> letter with payment information.	
		<b>Social Security payment information</b> Send a copy of the Benefits form or letter from Social Security showing <b>the current year monthly payments</b> .  Do not send 1099 Form. Your copy must show name and address of recipient, call 1-800-772-1213 or go to their webpage: <a href="https://www.ssa.gov/myaccount/">https://www.ssa.gov/myaccount/</a>	
		<b>Unemployment payments/ Claim History from Employment Security Dept.</b> Send copy of your records from Employment Security Dept. <a href="https://esd.wa.gov/newsroom/public-records">https://esd.wa.gov/newsroom/public-records</a> , or call our office to request this form. They must return their form or letter to you. Then you send it with your fully completed HomeWise Weatherization application.	

Mail your completed application to: City of Seattle, Office of Housing, PO Box 94725, Seattle, WA 98124-4725



## HOMEWISE CLEAN HEAT & WEATHERIZATION PROGRAM

### RESIDENT INFORMATION

Only those who live inside of Seattle City Light territory with oil heat could apply towards our Clean Heat & Weatherization program. If your property is located outside of **Seattle**, for example: Seatac, Burien, or Shoreline, you cannot apply towards our Weatherization Program please call King County Housing Authority Weatherization 206-214-1240.

How did you hear about our program? (circle all that applies)	Office of Housing webpage	Minor Home Repair	King County Weatherization	Seattle City Light staff visited my home	Other or received a letter from: _____		
Home/Residence Type: (circle one)	Single Family – House	Duplex	Triplex	4-plex	Mobile home	Condominium	Townhouse

Does the homeowner live at this property? (circle one)    Yes    No

<b>Property Address:</b>	city:	zip code:
--------------------------	-------	-----------

<b>Homeowner 1 Name:</b>	cell phone	home phone	TTY
--------------------------	------------	------------	-----

<b>Homeowner 2 Name:</b>	cell phone	home phone	TTY
--------------------------	------------	------------	-----

If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner's data, name, address, phone, include signature, and date signed.

For rental properties, you must attach Weatherization Assistance Covenant (completed by owner). Call 206-684-0244 to request complete rental package.

<b>Renter 1 Name:</b>	cell phone	home phone	TTY
-----------------------	------------	------------	-----

<b>Renter 2 Name:</b>	cell phone	home phone	TTY
-----------------------	------------	------------	-----

List names of all residents <b>permanently</b> living in the home, whether related or not. Include <b>yourself, all other adults, and children</b> . If more than 4 live in your household attach a separate page listing all additional persons living in the home.				Male or Female	Age	Date of Birth	Source of Income (attach copies)	Monthly Income (before deductions)
1								
2								
3								
4								

	<b>Total Combined Income</b>
--	------------------------------

REMINDER: Complete **all** copies of required documents from the Checklist. You must send copies of income for previous 3 months (from month of applying). If you do not have income, complete the Declaration of No Income form, it **must be notarized**. We cannot process incomplete applications.





**Have you received weatherization services previously?** No \_\_\_ Yes \_\_\_\_\_ If yes, when? \_\_\_\_\_

**This program converts an oil furnace** to an electric heating system. If you can't use your furnace, explain why and how long it been since you've used it? (if necessary, attach a separate page)

Do you have any of the following?(circle all that applies)	<b>electric</b> baseboard heaters	<b>electric</b> wall heaters	portable plug-in <b>electrical</b> heaters
--	-----------------------------------	------------------------------	--

Does anyone in the household have **Asthma**? No \_\_\_ Yes \_\_\_\_\_

**HOUSEHOLD DEMOGRAPHICS**

The Household Demographics information helps us better serve all Seattle residents. Please complete the information below. **The questions below are optional, your application will still be processed whether you choose to complete this portion or not.**

**How MANY household members are:** White \_\_\_\_\_ Black African American \_\_\_\_\_ Black & White \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Native \_\_\_\_\_ Native & White \_\_\_\_\_ Native & Black \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_

<b>Is English your primary language?</b> Yes No	<b>Do you need language translation?</b> Please let us know by circling these language(s): Amharic Cambodian/Khmer
	Cantonese Korean Laotian Mandarin Oromo Russian Somali Spanish Tagalog Tigrinya Ukrainian Vietnamese Other: _____

<b>Is applicant a single female/head of household?</b> Yes No	<b>Household members with disabilities?</b> No ___ Yes, how many? ___
---	---

**APPLICANT ACKNOWLEDGEMENT**

By signing below, I certify that the information provided, in this application and required documentation, is complete, and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give the City permission to request or release information to other non-profit or government organization for the purpose of providing assistance to me. Such information may include but is not limited to my application, including income and related documentation, photographs showing before and after condition of the home and weatherization scope of work. Such information may result in my receiving or being denied other City assistance.

For state weatherization programs: I understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I am eligible. I authorize the City to enroll me in all City or King County assistance programs for which I am eligible.

The utility company(s) may release past and future consumption information on my household to City of Seattle, Office of Housing (OH) HomeWise Weatherization Program. If determined that I am eligible for service, I grant permission to: OH, it's staff and contractors to gain access to this property for audit, installation, and inspection purposes. In the case that work requires subsequent inspection from Seattle City Light or the State of Washington, I agree to provide access for these audit purposes.

Signature	Date	Phone Number	e-mail address
Signature	Date	Phone Number	e-mail address

**REMINDER:** Complete all copies of required documents from the Checklist. You must send copies of income for previous 3 months (from month of applying). If you do not have income, complete the Declaration of No Income form, it must be notarized. We cannot process incomplete applications.

<b>Please, don't complete this information below. This is for our staff to complete.</b>											
<b>Office of Housing / Internal Use Only</b>											
City	Property built				Voting Dist.#						
Prev. Wx? N/Y	Year Wx		Wx Prev. same owner?								
DHP ONLY	W/X	WX & OTE		Asthma	OTE ONLY	PLIA effect. Date:					
HH<7 Non-LIHEAP	LIWA %		MM %		LIEP %						
Approved by:UW Initials			Date		Proj #						
Priority	Yes/No	Criteria									





City of Seattle, Office of Housing
Clean Heat Program
Homeowner Oil Tank Decommissioning Agreement

Property address:

Owner's Name(s) (print)

I have insurance with Washington State Pollution Liability Insurance Agency (PLIA) Yes \_\_\_\_\_ No \_\_\_\_

Please indicate below where your oil tank is located?

I have a below ground heating oil tank \_\_\_\_\_ I have an above ground heating oil tank \_\_\_\_\_

Those who have an above ground oil tank, please describe where it is located: \_\_\_\_\_

I understand that my participation in the Clean Heat Program is subject to the following agreement:

1. I must:

- Provide documented proof I have registered, includes effective date and registration number, of an active Washington Heating Oil Storage Tank Pollution Insurance Policy, administered by the Pollution Liability Insurance Agency (PLIA) https://plia.wa.gov/heating-oil-pollution-liability-insurance-program/, call (800) 822-3905 or (360) 407-0520. This policy must be active prior to July 2, 2020.

OR,

- I must provide proof of no insurance by providing a letter, or other documentation from PLIA stating that I do not have an active policy, nor were ever registered.

2. I understand that the City of Seattle (City) will decommission my below ground heating oil tank, by:

- Either filling in place, if below ground, in accordance with Section 5704.2.13 of the Seattle Fire Code. https://www.seattle.gov/Documents/Departments/Fire/Business/5962CAMDecommisionOilTanks

3. RELEASE AND INDEMNIFICATION: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), it's agents, elected and appointed officials, and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed or contracted by any of the Indemnified Parties to perform work in the home located at the address listed above. The foregoing release and indemnity is an important part of the consideration for the City's agreement to contract to decommission the tank. I understand the City will bear the cost of the contract and permits to decommission the tank, but the City is not a guarantor of performance and shall not be responsible for any acts or omissions of the contractor hired to perform such work.



**City of Seattle, Office of Housing Clean Heat Program  
Homeowner Oil Tank Decommissioning Agreement  
Page 2 of 3**

4. I acknowledge that I have been furnished information on the Heating Oil Pollution Liability Insurance Program and Loan and Grant Program administered by the PLIA agency.
5. I understand that the City will not proceed with the decommissioning of my heating oil tank if there is any evidence of a prior or active oil leak. **Further, in such case, my Oil to Electric conversion will be put on hold unless I decide that I will have my tank removed along with any contaminated soil.** I understand I will be responsible for the removal of my tank and any costs related to remediation. If I am insured, I understand the removal of contaminated soil may be addressed by my PLIA insurance. If I do not have PLIA insurance, and I decide to remove my oil tank, I understand those costs will solely be my responsibility. Grants and loans may be available through the PLIA Loan and Grant program with more information at: [www.plia.wa.gov](http://www.plia.wa.gov) . This is a program administered by the WA State Pollution Liability Insurance Agency and not the City of Seattle.

---

**The City of Seattle Office of Housing will only pay for options in paragraphs #1 & #2:**

**Homeowner must initial one of the paragraphs 1 through 4 options below:**

1. \_\_\_\_\_ I elect and hereby provide all necessary permission to have my **below ground heating oil tank** decommissioned by leaving it underground, and Office of Housing will pay a furnace company to remove the oil, and then fill the tank with material such as; sand or foam, and will then no longer usable.

**I knowingly accept the risk that there may be an undiscovered oil leak and that by decommissioning my oil tank in place I will waive the potential to have coverage under PLIA (only this option is covered by the City).** I also understand there is the possibility that my oil tank system may have leaked in the past. I further understand that I may be held liable for cleanup costs if there has been an oil leak in the past and that an oil leak could affect my property value. I further understand that the City won't conduct any testing to determine whether an oil leak may have occurred. Finally, I understand that if I have Pollution Liability Insurance under PLIA, it will expire 30 days after the tank is disconnected from the furnace which means I will not have PLIA coverage if a prior oil leak is found in the future.

2. \_\_\_\_\_ **I have an above ground oil tank and to participate with this program, I must choose to have it removed from my property,** I understand that I have 30 calendar days from the date the tank is disconnected from the furnace to file a claim with PLIA if there is contamination from an oil leak. I understand that the City of Seattle is not affiliated with PLIA and that I will be responsible for any communications and negotiations with PLIA. I understand that, if an oil leak is discovered during my elective oil tank removal, the City of Seattle will not be responsible for any contamination clean-up or related costs, or for any coverage exclusions, policy coverage limits, or liability under my policy with PLIA.



**City of Seattle, Office of Housing  
Clean Heat Program  
Homeowner Oil Tank Decommissioning Agreement  
Page 3 of 3**

**The City won't pay for the options in paragraph 3 & 4 below:**

3. \_\_\_\_\_ I elect to have my **below ground heating oil tank removed and I am insured by PLIA.** I also understand I am required to contract directly with a furnace contractor/service provider to remove my oil tank, and I am responsible for the cost of removing my oil tank. Further, I understand that I have 30 calendar days from the date the tank is disconnected from the furnace to file a claim with PLIA if there is contamination from an oil leak. I understand that the City of Seattle is not affiliated with PLIA and that I will be responsible for any communications and negotiations with PLIA. I understand that, if an oil leak is discovered during my elective oil tank removal, the City of Seattle will not be responsible for any contamination clean-up or related costs, or for any coverage exclusions, policy coverage limits, or liability under my policy with PLIA.
  
4. \_\_\_\_\_ I elect to have my **below ground heating oil tank removed and I am not insured by PLIA.** I also understand I am required to contract directly with a furnace contractor/service provider to remove my oil tank, and I am responsible for the cost of removing my oil tank. I understand that, if an oil leak is discovered during my elective oil tank removal, the City of Seattle will not be responsible for any contamination clean-up or related costs.

**OWNER SIGNED ACKNOWLEDGMENT:** By signing below, I understand the Agreement, and as the legal owner(s) of the property, have initialed the corresponding paragraph my decision with regard to the heating oil tank. If the property is owned by multiple owners, each owner needs to sign below, attach an additional page if necessary.

(print) owner's name	Date
owner's signature	

(print) owner's name	Date
owner's signature	





**SEATTLE CITY LIGHT**  
**Utility Information Release Form**

**AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION**

**SUBJECT:** The City of Seattle, Office of Housing Weatherization Program uses billing data information to track actual energy savings resulting from weatherization. The energy savings achieved through the Weatherization Program are calculated to assess program impacts, increase accountability, and improve future weatherization work. To accurately calculate energy savings, the Weatherization Program needs energy use and billing information five years prior to weatherization and five years after weatherization. This release form authorizes the City of Seattle Office of Housing Program to obtain and use energy use and billing information from only this customer at this residence for up to a ten-year period for the following uses:

- PURPOSE:**
- Determining household energy use before and after weatherization.
  - Determining which weatherization measures to provide.

Note: All release information will be kept confidential and will only be used by the HomeWise Weatherization Program and only for the mentioned uses.

**To:** **Seattle City Light:** Please release energy use and billing information to: **City of Seattle Office of Housing** for the purpose of assessing energy use and/or savings:

- Release historical billing data for a maximum five years prior to the date at the bottom of this release to a maximum of five years after this date.
- Release historical billing data for all of the following sites, accounts, and meters.

Account or Meter Number

Service Address

Print Name

Phone Number

Customer Signature

Date





**Warranty & Inspections  
Client Release Form**

Property address:

If you are eligible to receive City of Seattle, Office of Housing (OH) home improvement services, the work will be performed by a qualified OH approved licensed contractor. All work, upon completion, will be inspected by OH and will carry a one (1) year warranty.

**Owner and/or Resident Acknowledgement**

**Indemnification:** I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), it's agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above.

**Attest** by signing below, I agree to provide access to my home (address listed above) by the HomeWise Property Rehabilitation Specialist (auditor), program contractors, their crew members for purposes of auditing, testing, installing a heating system, improvements listed on work order, and follow-up inspection(s). I hereby release and hold harmless OH, and its employees, from any liability in connection with the work.

If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner's names, signatures, and date signed.

(print) owner's name	date
owner's signature	

(print) owner's name	date
owner's signature	

(print) renter's name	date
renter's signature	

(print) renter's name	date
renter's signature	

**ORIGINAL**





### Applicant Declaration of No Income Form

To qualify for Office of Housing’s Weatherization Program you need to supply copies of income documentation and/or this form as proof your income does not exceed the income guidelines of our program (refer to Page 2 of the Weatherization Application Income Guidelines Chart & Information). Each household member age 19 years or older must complete this form if they have no income.

Name (print): \_\_\_\_\_

This form is signed in the month of: \_\_\_\_\_

I, hereby declare, have not received any income within the past three months (refer to the chart example below):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Example below:

Current month applying	List past months of no income	Current month applying	List past months of no income
<b>January</b>	1.October, 2. November, 3. December	<b>July</b>	April, 2. May, 3. June
<b>February</b>	1.November, 2. December, 3. January	<b>August</b>	May, 2. June, 3. July
<b>March</b>	1.December, 2.January, 3. February	<b>September</b>	June, 2. July, 3. August
<b>April</b>	1.January, 2. February, 3. March	<b>October</b>	July, 2. August, 3. September
<b>May</b>	1.February, 2. March, 3. April	<b>November</b>	August, 2. September,3. October
<b>June</b>	1.March, 2. April, 3. May	<b>December</b>	September, 2. October, 3. November

The reason I had no income for the months listed above is:

I have been meeting my basic living needs; for food, shelter, and utilities in the following way:

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

I certify the information I have contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

### NOTARY

I certify that I know of and have satisfactory evidence that \_\_\_\_\_ (print name) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

State of Washington

County of \_\_\_\_\_

Dated: \_\_\_\_\_

Signed by:(Notary *Signature*): \_\_\_\_\_

**Notary Seal or Stamp**

County Notary Resides \_\_\_\_\_

My appointment expires \_\_\_\_\_





**SELF-EMPLOYMENT INCOME WORKSHEET**

<b>Applicant's Name:</b>	
<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Home Address:</b>	

**NOTE:**

- **Send copies of all self-employment income documentation with this form.**
- Expenses may **only** be deducted from Income if a copy of the **receipt** is **included**.
- **Allowable expenses** that can be deducted from income are listed below **within the worksheet (#4-17)**.
- The Low-Income Home Energy Assistance Program (*LIHEAP*) does not allow the same business deductions as the IRS Federal Income Tax. Some common **IRS deductions not allowed** for these purposes are:
  - Income Taxes (federal, state, and local)
  - Retirement Investments
  - Personal (*non-business*) Work-Related Expenses
  - Depreciation, Depletion, and Amortization
  - Entertainment Expenses
  - Net Losses (if a net loss is incurred during any of the months listed, then that month's income *will equal zero, not a negative value.*)

<b>INCOME:</b>	<b>Month # 1</b>	<b>Month # 2</b>	<b>Month # 3</b>
<b>1. Gross Business Revenue</b>			
<b>2. Other Income (specify sources)</b>			
<b>3. Total Gross Income</b> (sum of lines 1-2)			
<b>EXPENSES:</b>			
<b>4. Cost of Goods Sold</b>			
<b>5. Advertising</b>			
<b>6. Business Insurance, Licenses, and Permits</b>			
<b>7. Medical Insurance Premiums</b> (for medical plans established under this business)			
<b>8. Professional Fees</b> (such as legal, accounting, consulting, etc.)			
<b>9. Office Supplies</b>			
<b>10. Equipment</b> (purchases and/or rental costs)			
<b>11. Equipment Repairs/Maintenance</b>			





	Month # 1	Month # 2	Month # 3
<b>12. Wages &amp; Salaries</b> (only gross wages/salaries paid to employees)			
<b>13. Payroll Taxes</b> (related to wages/salaries paid to employees)			
<b>14. Office Rent/Mortgage</b>			
<b>15. Telephone</b>			
<b>16. Utilities</b>			
<b>NOTE: For places of business in the home: We DO NOT allow deductions 14-16, for business spaces that are used for both personal and business use. These costs may only be deducted if the business space is used exclusively and regularly for business purposes.</b>			
<b>17. Transportation Costs</b> (the larger amount of Option # 1 or Option # 2.)			
<b>a. Total Business Miles Driven</b>			
<b>b. Total Miles Driven</b> (total miles driven of both business and personal use.)			
<b>c. Percentage of Miles Driven for Business</b> (divide the miles in line "a" by line "b".)			
<b>Itemized Transportation Cost:</b>			
i. Gasoline			
ii. Oil & Fluids			
iii. Tires			
iv. Maintenance and Repairs			
v. Vehicle Insurance			
vi. License and Registration Fees			
<b>d. Total Itemized Transportation Costs</b> (sum of lines i-vi.)			
<b>Option # 1:</b> Multiply line "a" by the standard mileage rate of \$0.575 per mile (as of Jan. 2020)			
<b>Option # 2:</b> Multiply line "d" by the percentage of business miles driven in line "c".			
<b>18. Total Expenses</b> (sum of lines 4-17)			
<b>NET PROFIT:</b>			
<b>19. Total Net Profit</b> (difference of line 3 less line 18)			
<b>NOTE: Net losses are not an allowable expense. If a loss has occurred during any of the months listed, then that month's loss will be counted as ZERO income for that month.</b>			
<b>Total Self Employment Income</b> (sum of line 19, Months # 1 - 3.)			