

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
SELF-EMPLOYMENT INCOME WORKSHEET

CAA Name: _____ CAA Phone: _____
 CAA Address: _____ CAA Fax: _____
 _____ CAA Email: _____

Applicant: _____ Application Date: _____
 Application ID: _____

INSTRUCTIONS: Use this Worksheet only when the Applicant cannot provide a federal tax return for the most recent or previous calendar year, or the Applicant's tax return does not show his/her self-employment and/or rental income. **Complete one form for EACH separate type of self-employment business.**

**Documentation such as bank account statements, business ledgers, or accountant's records must be attached to this completed worksheet. Incomplete or ambiguous information will not be accepted.

Name of Applicant with self-employment and/or rental income: _____
 If rental income, address of rental property: _____
 Description of business or trade: _____ Date business started: _____
 _____ mm/yyyy
 Period covered by this worksheet (12 calendar months): From: _____ To: _____
 _____ mm/yyyy _____ mm/yyyy

List monthly business income in the table below, only for months that the business was in operation.
 (Enter \$0 if no income for that month. Do not enter \$0 for months prior to the start of the business).

<i>Month & Year Income Received Example: January 2024</i>	<i>Gross Amount Income Received Example: \$500.00</i>	<i>Month & Year Income Received Example: January 2024</i>	<i>Gross Amount Income Received Example: \$500.00</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Gross Income			\$

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

Applicant/Business Owner Signature _____ Date _____