# SELF-EMPLOYED DECLARATION OF INCOME

**Client Name**: _____ **Business Name**: _____ **Business Type**: _____

I, _____, declare that I earned the *gross* income, before business expenses were Deducted, for the following months.

**1)** _____ **2)** _____ **3)** _____

**$** _____ **$** _____ **$** _____

To deduct business expenses, **please check either option:** (Proof of business and ledger must be provided)

- ☐ I will provide itemized receipts dated in the three previous months. *(Please contact Byrd Barr Place for a list of allowable deductions or speak to Byrd Barr Place Staff).* **Please note, bank statements or tax forms will not be accepted.**

- ☐ I do not have receipts. Please apply a standard deduction of $100 per month.

I certify that the information contained in this employment statement is complete and accurate. I understand that I am signing this declaration **under penalty of criminal prosecution** if I knowingly give false information that results in assistance for which I am not eligible.

_____ _____ _____ _____

Client Signature Date Staff Signature Date

***DO NOT FILL OUT PORTION BELOW. BYRD BARR PLACE STAFF WILL CALCULATE YOUR DEDUCTIONS.***

| | Gross Income | Standard Deduction | Total Allowable Deduction | Total Net |
|---|---|---|---|---|
| **Month 1** | $ _____ | $ _____ | $ _____ | $ _____ |
| **Month 2** | $ _____ | $_____ | $_____ | $ _____ |
| **Month 3** | $ _____ | $_____ | $ _____ | $ _____ |
| **TOTAL** | $ _____ | $ _____ | $ _____ | $ _____ |

**AVERAGE MONTHLY NET INCOME: $ _____**