



State Home Oil Weatherization (SHOW) Program

Declaration of Self-Employment Income

| I. APPLICANT & DWELLING (SITE) INFORMATION | |
|--|---------|
| Applicant name: | |
| Occupant name: | |
| Dwelling address: | |
| City, state, zip: | County: |

| II. SELF-EMPLOYMENT INCOME AND DEDUCTIONS | | | | |
|--|-----------------------------------|------------------------------------|---------------------------------|----|
| <p>Declare all sources of income derived from self-employment, including all gross receipts of income, deductions for business expenses and operation, and expenses related to employees (if any). If the business address or site is of shared use (i.e. business operated from home), indicate what percentage of expenses are of personal use versus business. Copies of all receipts claimed—income or deductions—must accompany this form. A bank statement shall suffice as documentation if transactions are itemized and detailed.</p> | | | | |
| Business name: | | Main business activity: | | |
| Business address: | | City, state, zip: | | |
| Receipts claimed for time period of: | | Percent of site used for business: | | |
| Business income and expenses accounting | | | | |
| Gross income (before expenses) | Income received for sale of goods | | \$ | |
| | Income received for services | | \$ | |
| | Other: | | \$ | |
| | Other: | | \$ | |
| Total gross receipts or sales | | | \$ | |
| Business operation and employee expenses | Advertising | \$ | Phone and internet services | \$ |
| | Building or space insurance | \$ | Rent or mortgage | \$ |
| | Business insurance | \$ | Taxes and licenses | \$ |
| | Business supplies and materials | \$ | Utilities (power, water, etc.) | \$ |
| | Employee wages and insurance | \$ | Vehicle expenses or maintenance | \$ |
| | General repairs and maintenance | \$ | Other: | \$ |
| | Legal or professional services | \$ | Other: | \$ |
| | Meals for meetings | \$ | Other: | \$ |
| | Meals for operations (daycare) | \$ | Other: | \$ |
| Office supplies and expenses | \$ | Other: | \$ | |
| Total business operation and employee expenses (both columns) | | | \$ | |
| Total income from business operations | | | \$ | |

IV. OCCUPANT CERTIFICATION

Please check all items that apply and have been included with this attachment:

- Declaration of Self-Employment Income attachment to the fullest extent
- Copies of all required documentation, as indicated above, to verify income

All of the information completed above is accurate to the best of my knowledge. Self-employment income and deductions have not been falsified or omitted.

Signature:

Date:

Please include all documentation and submit to:

Mail: Oregon Housing & Community Services
Attn: SHOW Program Analyst
725 Summer St NE, Suite B, Salem, OR 97301
Email: SHOW.Program@hcs.oregon.gov
Fax: (503) 986-2020