

**Appendix C**

**Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)**

**Declaration of Self-Employment Form**

Self-Employment expenditures shall be verified by the appropriate IRS tax forms. Earnings from self-employment shall be included in the household's gross aggregate income.

Applicant Name:	Business Name:
Tax ID Number:	Type of Business:
Income Reporting Period from: _____ to: _____	

A. Gross annual income as Reported on Schedule C	\$
B. 60% of Gross Business Income (60% of A)	\$
C. Total annual business income to be included in Applicant's aggregate income (A x B = C)	\$

**NOTES:**

1. If gross income amount, as reported on Schedule C, is not available, use gross revenue receipts for last four weeks to determine gross business income. Use 60% of gross business income calculation.
2. If using prior four weeks to determine gross business income, annualize the income.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

*I hereby attest that I have reviewed and documented all applicable income documentation for this applicant.*

\_\_\_\_\_  
Intake Worker Name \_\_\_\_\_  
Date