Self-Employment Documentation (JULY 2024)

Print Name of Parent/Guardian_____

Legal Name of Business _____

Address_____City/State/Zip_____

Start Date of Work _____

Pay Rate_____per ☐HOUR ☐DAY ☐WEEK ☐MONTH ☐SERVICE

Frequency of Pay ☐WEEKLY ☐EVERY TWO-WEEKS ☐TWICE MONTHLY ☐MONTHLY

Brief description of type of work_____

WORK SCHEDULE (Complete only **ONE** of the types of work schedules below)

***Work schedule type: SET SCHEDULE**, please provide start & end time per day.* (example: 8am-5pm)

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start:	Start:	Start:	Start:	Start:	Start:	Start:
	End:	End:	End:	End:	End:	End:	End:

***Work schedule type: VARIABLE or ON-CALL**, please mark all possible days of work*

☐SUN ☐MON ☐TUES ☐WED ☐THUR ☐FRI ☐SAT Total number of hours per week: _____

Earliest work start time:	AND	Latest work end time:
Minimum hours a day:	AND	Maximum hours a day:
Minimum days per week:	AND	Maximum days per week:

Please provide as many of the documents listed below as applicable.

Documentation to support the **days & *hours worked:***
(check what is applicable)
- ☐ Appointment logs, job logs, or mileage logs
- ☐ Client receipts
- ☐ A list of client names and contact information
- ☐ Other _____

Documentation to determine **income:**
(check what is applicable)
- ☐ A letter from the source of income.
- ☐ A copy of my most recently signed and completed tax return & an estimate of current income
- ☐ Other business records such as ledgers, receipts, or business logs.
- ☐ Other _____

Documentation to verify ***business exists:***
(check what is applicable)
- ☐ Workspace Lease/Rental Agreement
- ☐ Bank Statement
- ☐ Website / Advertisements
- ☐ Other _____

☐ I am unable to obtain and provide other means of income documentation, therefore I am self-certifying income

Total amount of Income received for the preceding month(s):

Please provide your adjusted gross income from the **preceding 2 months up to 12 months**

Month:				
Income:				
Month:				
Income:				
Month:				
Income:				

I attest and declare under penalty of perjury and the laws of California that the information provided is true and correct.

Signature of Parent/Guardian_____ Date _____

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If applicable staff will include a brief statement attesting to the reasonableness and/or consistency with community practice of the claims above.

_____

Staff name:_____Staff signature:_____Date:_____