

Statement of Self Employment Income

1. Name of person receiving self-employment income: _____
2. Give the number of months covered by this income statement: _____
3. Describe what you did to earn this money: _____

List your business expenses and income (Attach verifying invoices, receipts, or papers):

Date	Income	Amount	Date	Expenses	Amount
Total Income		\$ _____	Total Expenses		\$ _____

Total Income	\$.....
Total Expenses	- \$.....
Subtract expenses from income to find total	=
Total Self Employment Income	\$ _____

The above information is true, correct, and complete to the best of my knowledge. I understand that giving false information could result in my being disqualified for fraud.

Signature _____ Date: _____

UH Health Family Care Center Staff Use Only:

MRN: _____ Date Verified _____ UH Family Care Center Staff Initials _____