



Self-Employment

Completed by participant when providing information related to self-employment. Complete more than one form if required to document self-employment.

Participant Name: _____ Last 4 SSN _____

Part 1: Participant Attestation

I _____ am self-employed as a _____.
My self-employment start date is _____.

Part 2: Earnings/Expenses/Hrs- Week of _____ - _____ - _____

Date	Business Earnings	Business Expenses	Business Hours Worked	Weekly Income (Earnings - Expenses)

I am aware that I must also provide one of the following documents as it relates to Income Earned and Business Expenses (if applicable) in addition to the Self-Employment Form:

- For Income Earned
 - Business Bank Account Statements
 - Receipts of payment
 - Ledgers
- For Business Expenses
 - Receipts from vendors/stores
 - Receipts from governing agencies
 - Ledgers
 - Statements
- All receipts must include date

Participant Signature: _____ Date: ____/____/____

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An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY /TDD equipment via the Florida Relay Service at 711.