



Self-Employment Verification Work Hours and Income

Parent/Guardian Name: _____

WEEK ONE: Dates: _____ through: _____ Monday from _____ AM/PM to _____ AM/PM \$ _____ Tuesday from _____ AM/PM to _____ AM/PM \$ _____ Wednesday from _____ AM/PM to _____ AM/PM \$ _____ Thursday from _____ AM/PM to _____ AM/PM \$ _____ Friday from _____ AM/PM to _____ AM/PM \$ _____ Saturday from _____ AM/PM to _____ AM/PM \$ _____ Sunday from _____ AM/PM to _____ AM/PM \$ _____ TOTAL NUMBER OF HOURS, WEEK ONE: _____ TOTAL INCOME EARNED, WEEK ONE: _____ TOTAL NUMBER OF CUSTOMERS SERVED: _____ TOTAL EXPENSES, WEEK ONE: _____	WEEK TWO: Dates: _____ through: _____ Monday from _____ AM/PM to _____ AM/PM \$ _____ Tuesday from _____ AM/PM to _____ AM/PM \$ _____ Wednesday from _____ AM/PM to _____ AM/PM \$ _____ Thursday from _____ AM/PM to _____ AM/PM \$ _____ Friday from _____ AM/PM to _____ AM/PM \$ _____ Saturday from _____ AM/PM to _____ AM/PM \$ _____ Sunday from _____ AM/PM to _____ AM/PM \$ _____ TOTAL NUMBER OF HOURS, WEEK TWO: _____ TOTAL INCOME EARNED, WEEK TWO: _____ TOTAL NUMBER OF CUSTOMERS SERVED: _____ TOTAL EXPENSES, WEEK TWO: _____
WEEK THREE: Dates: _____ through: _____ Monday from _____ AM/PM to _____ AM/PM \$ _____ Tuesday from _____ AM/PM to _____ AM/PM \$ _____ Wednesday from _____ AM/PM to _____ AM/PM \$ _____ Thursday from _____ AM/PM to _____ AM/PM \$ _____ Friday from _____ AM/PM to _____ AM/PM \$ _____ Saturday from _____ AM/PM to _____ AM/PM \$ _____ Sunday from _____ AM/PM to _____ AM/PM \$ _____ TOTAL NUMBER OF HOURS, WEEK THREE: _____ TOTAL INCOME EARNED, WEEK THREE: _____ TOTAL NUMBER OF CUSTOMERS SERVED: _____ TOTAL EXPENSES, WEEK THREE: _____	WEEK FOUR: Dates: _____ through: _____ Monday from _____ AM/PM to _____ AM/PM \$ _____ Tuesday from _____ AM/PM to _____ AM/PM \$ _____ Wednesday from _____ AM/PM to _____ AM/PM \$ _____ Thursday from _____ AM/PM to _____ AM/PM \$ _____ Friday from _____ AM/PM to _____ AM/PM \$ _____ Saturday from _____ AM/PM to _____ AM/PM \$ _____ Sunday from _____ AM/PM to _____ AM/PM \$ _____ TOTAL NUMBER OF HOURS, WEEK FOUR: _____ TOTAL INCOME EARNED, WEEK FOUR: _____ TOTAL NUMBER OF CUSTOMERS SERVED: _____ TOTAL EXPENSES, WEEK FOUR: _____

Regarding Self-Employment and Cash-Paid Employment

If you are paid in cash or check and your employer does not take out your taxes, or if you are operating your own business, then you are considered to be self-employed. Self-employed applicants shall provide appropriate documentation sufficient to determine a minimum of 20 hours of employment per week as well as income and any business expenses incurred.



Parent/Guardian Information			
Last name:	First name:	Middle name:	
Street address:	City:	State:	ZIP code:

Business Information			
Business name:	Business start date:	EIN:	
Street address:	City:	State:	ZIP code:
Type of business:	Business phone number:		
Tasks Performed:			

Required Business Documentation			
---------------------------------	--	--	--

Please attach the following at initial application and redetermination:

VERIFICATION OF INCOME:

- Copy of current/most recent filed Federal Income Tax Return
- Parent/Guardian Self-Employment Verification Form and at least one of the following:

- | | |
|---|--|
| ☐ Account ledgers | ☐ Account statements |
| ☐ Bank deposit slips | ☐ Canceled checks |
| ☐ Receipts | ☐ Credit card sales slips |
| ☐ Invoices | |

BUSINESS EXPENSES:

Generally, you may claim any business expense that is allowed by the Internal Revenue Service (IRS), with the exception a deduction for depreciation.

Example of business expenses are:

- Materials/chemicals/supplies use to produce goods or services
- Space rent and business utilities (electricity, water, internet, phone, etc.)
- Maintenance of business property
- Payroll or wages
- Business Insurance
- Vehicle expense for business purpose with documentation
- Legal, accounting, or other professional fees

Signature must be completed in the presence of a notary:

I am fully aware that if my income (including child support), address, phone number, or any other information pertaining to my case changes, I have 14 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services may be terminated.

I understand that if I knowingly give wrong information or fail to update any of the above listed information, I may be liable for prosecution under Florida Statute 414.39, Public Assistance Fraud.

Adult Responsible for care signature _____

State of Florida
County of _____

STATE OF FLORIDA - COUNTY OF POLK
Affidavit of Witness to Signature/Identification

The foregoing instrument was acknowledged before me by
means of ☐ physical presence OR ☐ online notarization
this _____ day of _____, _____,
by _____.

(Signature of Notary Public)

(Print Name of Notary Public)

Personally known ☐ OR produced identification ☐

Type of Identification Produced _____

Notary Stamp/Seal