



## Notarized Statement of Self-Employment Monthly Income Log

**Important:** If you make a mistake, you can complete a new form. Use of white-out may deny or delay determination of services.

Name of Client: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Log Month/Year: \_\_\_\_\_

Business Name: \_\_\_\_\_ Job Description: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

**One additional proof required: Business license, occupational license, Sunbiz, business tax return (Schedule C), business bank account statements, or independent contract agreement**

Complete log for every day you work during the month, enter the date, gross amount of money earned (before taxes) and the total number of hours worked for that day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	End of the Week Totals
1 <sup>st</sup> WK DATE: _____ PAY: _____ HOURS: _____	TOTAL GROSS: \$ _____  TOTAL HOURS: _____						
2 <sup>nd</sup> WK DATE: _____ PAY: _____ HOURS: _____	TOTAL GROSS: \$ _____  TOTAL HOURS: _____						
3 <sup>rd</sup> WK DATE: _____ PAY: _____ HOURS: _____	TOTAL GROSS: \$ _____  TOTAL HOURS: _____						
4 <sup>th</sup> WK DATE: _____ PAY: _____ HOURS: _____	TOTAL GROSS: \$ _____  TOTAL HOURS: _____						
5 <sup>th</sup> WK DATE: _____ PAY: _____ HOURS: _____	TOTAL GROSS: \$ _____  TOTAL HOURS: _____						

I hereby certify that the information provided on this is true and complete to the best of my knowledge. I am aware that if I knowingly provide false, misleading, or incomplete information it may result in the denial of services, and I may be reported to the Department of Law Enforcement Division of Public Assistance Fraud to be prosecuted for fraud.

**List This Month's Business Expenses Paid (MUST PROVIDE RECEIPTS FOR EXPENSE):**

\$ \_\_\_\_\_ FOR \_\_\_\_\_    \$ \_\_\_\_\_ FOR \_\_\_\_\_    \$ \_\_\_\_\_ FOR \_\_\_\_\_    \$ \_\_\_\_\_ FOR \_\_\_\_\_

\$ \_\_\_\_\_ FOR \_\_\_\_\_    \$ \_\_\_\_\_ FOR \_\_\_\_\_    \$ \_\_\_\_\_ FOR \_\_\_\_\_    \$ \_\_\_\_\_ FOR \_\_\_\_\_

**MONTH'S TOTAL GROSS \$ \_\_\_\_\_ — MONTH'S TOTAL EXPENSES \$ \_\_\_\_\_ = MONTH'S TOTAL INCOME \$ \_\_\_\_\_**

The following notarial certificate is sufficient for an oath or affirmation:

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by client \_\_\_\_\_.

Name of Notary Public Typed, Printed, or Stamped \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

Personally Known [ ] OR Produced Identification [ ] Type of Identification Produced \_\_\_\_\_

Stamp Here