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
1st WK DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	TOTAL GROSS: $_____ TOTAL HOURS:_____
2nd WK DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	TOTAL GROSS: $_____ TOTAL HOURS:_____
3rd WK DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	TOTAL GROSS: $_____ TOTAL HOURS:_____
4th WK DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	TOTAL GROSS: $_____ TOTAL HOURS:_____
5th WK DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	DATE:_____ PAY:_____ HOURS:_____	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:

Stamp Here

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_____

effective 9.23.2025