



## SELF-EMPLOYED INCOME VERIFICATION

Print Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

**For every day you work, 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	PHELC TOTALS
Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Hours: _____ \$: _____
Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Hours: _____ \$: _____
Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Hours: _____ \$: _____
Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Hours: _____ \$: _____
Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Hours: _____ \$: _____
Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Date: _____ \$: _____ Hours: _____	Hours: _____ \$: _____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

**PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_ who, after being sworn by me, affixed**

**his/her signature in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public