



## SELF-EMPLOYMENT DOCUMENTATION VERIFICATION FORM

<b>Name</b>	
<b>Address</b>	
<b>For the Month of</b>	

DATE	AMOUNT	TYPE OF WORK	Source of Income Signature & Phone Number

<b>Total Gross Earnings</b>	
<b>Minus Business Expenses</b>	
<b>Total Earning</b>	

<b>Total Earnings:</b> _____	<b>Divided by \$7.25</b>	<b>=</b>	<b>Total Hours:</b> _____
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Signature of Customer:		Date:
Signature of Supervisor:		Date:
Phone Number:		
<input type="checkbox"/> Phone/ In Person Verification	<input type="checkbox"/> Document Inspection Completed	Source:
Signature of Employment Specialist:		Date:
<input type="checkbox"/> Hours verified	Hours Entered:	CODE Entered:
DOS Initials:		Date:
<b>Review Auditing Purposes</b>	<input type="checkbox"/> Hours verified 2nd Verifier Initials:	Date: