

## HomeWise Weatherization Application Required Documents Checklist

**Note:** You must include this checklist in your application

☐ **1. Document Checklist**

Please attach this document checklist with your application (located on Pages 1 through 3) to make sure you're submitting all the required documents. **Check off the boxes on the left** of the page after you attach the required documents you are sending to apply.

☐ **2. Resident Information**

The Resident Information form ([located on Pages 4 through 7](#)) must list all the people who live in your home or rental, whether they are part of your family or not.

☐ **3. Homeowner Oil Tank Decommissioning Agreement Form**

The Decommissioning Agreement Form ([located on Pages 11 through 13](#)) must be completed if you have an oil-heated home and want to convert to electric heating. On this form, you must choose which option you want for decommissioning (to remove or clean and fill) your oil tank **and** tell us where your oil tank is located.

☐ **4. Oil Tank Registration with the State of Washington Pollution Liability Insurance Agency (PLIA) Documents**

<b>If:</b> Your oil tank <b>is <u>not</u></b> registered with PLIA	<b>Then:</b> You must send a <b>verification letter</b> from PLIA that your oil tank <b>is not registered</b> .
<b>If:</b> Your oil tank <b>is registered</b> with PLIA	<b>Then:</b> You must send a copy of your registration form from PLIA as proof that your oil tank <b>is registered</b> .

To request verification from PLIA, **whether your oil tank is registered or not**, use the following link:  
<https://plia.wa.gov/heating-oil-pollution-liability-insurance-program>

**OR**

**Call:** (800) 822-3905 or (360) 407-0520

☐ **5. Verification of Address**

You must send us a copy of **one** of the options listed below to verify your home address. The document you send must be recent and show the applicant's full legal name and address.

- ☐ Current Seattle City Light bill, Puget Sound Energy bill, or fuel bill
- ☐ Mortgage payment receipt
- ☐ Current lease or rental agreement from your landlord
- ☐ **Mobile Home residents:** If you live in a mobile home, then you must also send a copy of your State of Washington Vehicle Certificate of Ownership Title.

☐ **6. Residence Verification Document(s)**

All the people in your household must send **one** of the items listed below to include with your application. If you have more than two people in your home, please attach a separate page.

**\*Disclaimer:** If you choose not to include a copy of the documents listed below, we can still accept your application. However, you'll need to write a comment below explaining why you'd prefer not to include these documents. For example: "I don't have a copy of my birth certificate."

If you do not send one of these documents, you may not qualify for as many home improvements.

- |  |   |
|--|---|
| <input type="checkbox"/> U.S. Birth Certificate(s) | <input type="checkbox"/> Social Security Card(s)                        |
| <input type="checkbox"/> Passport(s)               | <input type="checkbox"/> Qualified Permanent Residence Card Document(s) |

**Note:** Please call our office if you need a list of other options for acceptable permanent residence documents.

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

☐ **7. Income Documentation**

Everyone living in your home, including renters, must send copies of their income. Only send the items that apply to you from the list below: **We cannot accept copies of tax filings as proof of income.**

<b>If:</b> You have Earned Income (Examples: paystubs, paychecks, or wages)	<b>Then:</b> You must send at least the last three (3) months of copies of your most recent pay stubs. These documents must include your full legal name and address.
<b>If:</b> You've withdrawn from any Investment Accounts within the past three (3) months from the date of applying. (Examples: IRAs or CDs)	<b>Then:</b> You must provide copies of statements from your provider.
<b>If:</b> You receive any of the following Public Assistance Payments: <ul style="list-style-type: none"> <li>➤ Temporary Assistance for Needy Families (<b>TANF</b>)</li> <li>➤ Refugee Cash Assistance (<b>RCA</b>)</li> <li>➤ General Assistance Programs (<b>GAU</b>)</li> </ul>	<b>Then:</b> You must send copies showing at least three (3) months of proof of these payments.
<b>If:</b> You receive Child Support Income	<b>Then:</b> You must send copies of the checks you've received for at least three (3) months. Or a copy of your statement from Office of Support Enforcement.

<b>If:</b> You receive Pension or Retirement Income	<b>Then:</b> You must provide copies of statements from your provider.
<b>If:</b> You receive Unemployment Payments or Claims from the Employment Security Department	<b>Then:</b> You must send a copy of your records from the Employment Security Department. You can request a copy of your record or claim history by visiting their website: <a href="https://esd.wa.gov/newsroom/public-records">https://esd.wa.gov/newsroom/public-records</a> <b>OR</b> You can call our office to request this form.
<b>If:</b> You receive Social Security or SSI Payments	<b>Then:</b> You must send a copy of your benefits letter or form showing the <b>current year's monthly payments</b> . The copy of your benefits letter or form must show your full legal name and address. Do not send your 1099 Form.  To request a copy of your benefits letter or form, visit the Social Security Administration's website: <a href="https://www.ssa.gov/myaccount/">https://www.ssa.gov/myaccount/</a> <b>OR</b> <b>Call:</b> 1 (800) 772-1213
<b>If:</b> You receive Rental Income (Examples: renting out a room on your property, owning multiple properties, or renting out a detached unit)	<b>Then:</b> You must send a copy of your most recent rental agreement.

☐ **8. Applicant Declaration of No Income**

<b>If:</b> You haven't received income in the last three (3) months <b>- OR -</b> You haven't received income in <b>any one</b> of the last three (3) months	<b>Then:</b> Each household member with no income, aged 18 years or older, must complete the form on <a href="#">Pages 14 and 15</a> . If you have more than one individual in the home with no income, we require each household member to fill out a Declaration of No Income form.
<b>If:</b> You receive income	<b>Then:</b> You do not need to complete the Application of No Income form.

☐ **9. Self-Employment Worksheet**

<b>If:</b> You are self-employed	<b>Then:</b> You must complete the Self-Employment form on <a href="#">Pages 16 through 19</a> . Additionally, you may need to submit more documentation if instructed by our team.
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## HomeWise Weatherization Program: Resident Information

**\*Disclaimer:** Applicants who use an oil furnace and want to convert to an electric heat pump must live in the City of Seattle. **If your property is located outside of Seattle** (for example, SeaTac, Burien, or Shoreline), contact the King County Housing Authority's Weatherization Program. You can either visit their website at <https://www.kcha.org/wx> or contact their customer service line at (206) 214-1240 to learn more.

If you are a renter, our team will be requesting that you and your landlord complete additional documents after you submit your application.

1. Are you a homeowner or a renter? ☐ Homeowner ☐ Renter

2. **Applicant's (Owner)** Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ TTY: \_\_\_\_\_

What are your Preferred Gender Pronouns?

☐ She/her ☐ He/him ☐ They/them ☐ No Preference ☐ Other: \_\_\_\_\_

3. **Co-Applicant's** Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ TTY: \_\_\_\_\_

What are your Preferred Gender Pronouns?

☐ She/her ☐ He/him ☐ They/them ☐ No Preference ☐ Other: \_\_\_\_\_

**Note:** If more than two (2) people own this property, please attach an additional page that lists the following information: All legal owners' names, addresses, and phone numbers.

4. What is your Residence Type?

- ☐ **Single Home or Family Home:** House, usually for one family, that stands by itself.
- ☐ **Duplex:** House or building with two separate living spaces, usually connected.
- ☐ **Triplex:** House or building with three separate living spaces, usually connected.
- ☐ **Fourplex:** House or building with four separate living spaces, usually connected.
- ☐ **Mobile Home:** Home built on a frame that can move or transport to other places.
- ☐ **Condominium:** Shared building where people own units but share common space.



5. How do you heat your home?

- ☐ Gas furnace      ☐ Electric furnace      ☐ Oil Furnace      ☐ I have a furnace, but I don't use it.

The Oil-to-Electric program converts an oil furnace to an electric heating system. If you have a furnace, but don't use it, please explain why and how long it has been since you've used it.

6. If you live within the City of Seattle, you may be eligible to replace your oil furnace with a free electric heating system. Are you interested in this free service?

- ☐ **Yes** (proceed through the entire application)  
☐ **No** (skip Homeowner Oil Tank Decommissioning Agreement on [Pages 11 - 13](#))

7. Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

8. Is this your primary residence?      ☐ **Yes**      ☐ **No**

9. List the full legal names of everyone **permanently** living in the home, whether they are part of your family or not. Include **yourself, other adults, and children**. If more than four (4) people live in your household, attach a separate page listing everyone currently living in the home.

**Applicant (Owner):** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Source of Income (attach copies from Income Documentation): \_\_\_\_\_

**Co-Applicant:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Source of Income (attach copies from Income Documentation): \_\_\_\_\_

**Other Member 1:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Source of Income (attach copies from Income Documentation): \_\_\_\_\_



**Other Member 2:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Source of Income (attach copies from Income Documentation): \_\_\_\_\_

**Other Member 3:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Source of Income (attach copies from Income Documentation): \_\_\_\_\_

**Other Member 4:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Source of Income (attach copies from Income Documentation): \_\_\_\_\_

**Do you have more than 4 household members?** ☐ Yes ☐ No

If yes, please attach a separate page listing each member's full name, date of birth, preferred gender pronouns, gross monthly income, and source of income (attach copies from Income Documentation).

**Total Combined Monthly Income of the Household:** \_\_\_\_\_

**\*Reminder:** You must send copies of your Earned Income for the previous three (3) months (from the month of applying). If you do not have income, complete the "**Declaration of No Income Form**" attached to this application on [Pages 14 and 15](#).

**10.** Have you received weatherization services previously?

☐ **No** ☐ **Yes**

**11.** If you are a Seattle City Light (SCL) customer, please provide your Seattle City Light account number:

\_\_\_\_\_

**12.** If you are a Puget Sound Energy (PSE) customer, please provide your PSE account number.

\_\_\_\_\_

**13.** Does anyone in the household have Asthma? There may be additional services you qualify for.

☐ **Yes** ☐ **No**



**14.** How did you hear about our program? (Please select all that apply)

- ☐ Office of Housing Website
- ☐ Minor Home Repair
- ☐ Received a Mailer
- ☐ King County Weatherization Referral
- ☐ Seattle City Light Referral
- ☐ Social Media
- ☐ Other: \_\_\_\_\_

## Household Demographics

Household demographic information helps us better serve all Seattle residents. Your personal information will not be shared with anyone else.

**\*Disclaimer:** These questions are optional. Your application will still be processed even if you do not complete this section.

**15. Are there any household members who fall under the following demographics?**

(Please select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino of any race, or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Another race or ethnicity (please specify): \_\_\_\_\_

**16. Let us know which language you'd prefer:**

- ☐ Amharic
- ☐ Arabic
- ☐ English
- ☐ Japanese
- ☐ Khmer
- ☐ Korean
- ☐ Laotian
- ☐ Oromo
- ☐ Russian
- ☐ Somali
- ☐ Spanish
- ☐ Tagalog
- ☐ Thai
- ☐ Tigrinya
- ☐ Traditional Chinese
- ☐ Vietnamese
- ☐ Language not listed: \_\_\_\_\_

**17. Are there any household members with disabilities?**

- ☐ Yes   ☐ No



## Applicant Acknowledgement

By signing below, I certify that the information provided in this application and the required documentation is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give the City of Seattle permission to request or release information to other non-profit or government organizations to assist me. This information may include but is not limited to, my application including income and related documentation, photographs showing the before and after condition of my home, and Weatherization's scope of work. Such information may result in my receiving or being denied other City assistance.

For state weatherization programs: I understand that I may request a Fair Hearing if the information I have provided above is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I am eligible. I give the City permission to enroll me in all City or King County assistance programs for which I am eligible.

The information you provide will be used for the purpose of reviewing your application. The City of Seattle may share the information you provide with City of Seattle departments for the purpose of providing you with information on additional programs for which you may be eligible. If you provide consent to enroll in an additional program for which you are eligible, the City of Seattle may also share the information with City of Seattle departments to enroll you in the additional program. We will not knowingly share your information for enforcement purposes of any kind or for any other reason unless compelled by law. To learn more, please see the Public Records Act (RCW Chapter 42.56). The City of Seattle Privacy Statement explains how we handle the information you give us.

The utility company(s) may release past and future use information on my household to the City of Seattle's Office of Housing (OH) HomeWise Weatherization Program. If I am eligible for service, I permit OH, its staff, and contractors to gain access to this property for audit, installation, and inspection purposes. In the case that work requires later inspection from Seattle City Light or the State of Washington, I agree to provide access for these audit purposes.

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

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

**Reminder:** You must send copies of your income for the previous three (3) months (from the month of applying). If you do not have income, complete the "Declaration of No Income" form on [Pages 14 and 15](#).

**Office of Housing Internal Use Only**

City: \_\_\_\_\_ Property Built: \_\_\_\_\_ Voting Dist. #: \_\_\_\_\_

Prev. Wx? (Y/N): ☐ Yes ☐ No Year Wx: \_\_\_\_\_ Wx Prev. Same Owner? \_\_\_\_\_DHP Only: ☐ Wx: ☐ Wx and OTE: ☐ Asthma: ☐ OTE Only: ☐

PLIA Effect. Date: \_\_\_\_\_ HH&lt;7 Non-LIHEAP: \_\_\_\_\_ LIWA%: \_\_\_\_\_ MM%: \_\_\_\_\_ LIEP%: \_\_\_\_\_

Approved by: UW Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Project #: \_\_\_\_\_

Priority (Y/N): ☐ Yes ☐ No Criteria: \_\_\_\_\_

## City of Seattle Office of Housing: Oil-to-Electric Program Homeowner Oil Tank Decommissioning Agreement

### Section 1: Homeowner Oil Tank Information

1. Do you have insurance with the Washington State Pollution Liability Insurance Agency (PLIA):  
☐ Yes      ☐ No

2. Where is your oil tank located:

☐ I have a **below-ground** heating oil tank      ☐ I have an **above-ground** heating oil tank

If you have an **above-ground oil tank**, please describe where it is located:

### Section 2: Program Agreements

I understand that my participation in the Oil-to-Electric Program complies with the following agreement:

1. I must **provide documented proof that I have registered** my heating oil tank for an active Washington Heating Oil Storage Tank Pollution Insurance Policy, administered by the Pollution Liability Insurance Agency (PLIA). The documented proof must include the effective date and registration number of my policy. Your policy must be active before July 2, 2020.

**PLIA Contact Information:** (800) 822-3905 or (360) 407-0520

**PLIA Website:** <https://plia.wa.gov/heating-oil-pollution-liability-insurance-program/>

- OR -

I must **provide proof of no insurance** by providing a letter, or other documentation from PLIA, stating that I do not have an active policy or was never registered for a policy.

2. I understand that the City of Seattle will decommission my **below-ground heating oil tank**, by filling it in place in accordance with Section 5704.2.13 of the Seattle Fire Code:

<https://www.seattle.gov/Documents/Departments/Fire/Business/5962CAMDecommisionOilTanks>

3. **Release and Indemnification:**

I promise not to hold the City of Seattle, Office of Housing, and/or its agents, officials, and employees responsible for any harm, injuries, or damage that might happen during the work at the home address mentioned. This includes any issues related to the work or any unexpected events that might arise from it. I agree to protect and defend the City and its representatives from any claims or liabilities in connection with the work. This promise is crucial for the City's decision to hire someone to

decommission the tank at the specified address. I acknowledge that the City will cover the costs of the contract and permits for the tank decommissioning; however, the City is not guaranteeing the contractor's performance, and the City is not accountable for any actions or mistakes made by the contractor during the work.

4. I acknowledge that I have been given information on the Heating Oil Pollution Liability Insurance Program and Loan and Grant Program administered by the PLIA agency.
5. I understand that the City will not go on with the decommissioning of my heating oil tank if there is any evidence of a prior or active oil leak. **If that is the case, then my Oil-to-Electric conversion will be put on hold unless I decide that I will have my tank removed along with any contaminated soil.** I understand that I will need to handle the tank removal and cover any expenses to fix the contaminated soil. If I am insured, I understand the removal of contaminated soil may be addressed by my PLIA insurance. If I do not have PLIA insurance, and I decide to remove my oil tank, I understand those costs will be my sole responsibility. Grants and loans may be available through the PLIA Loan and Grant program with more information at: [www.plia.wa.gov](http://www.plia.wa.gov). This is a program administered by the WA State Pollution Liability Insurance Agency and not the City of Seattle.

### Section 3: Decommissioning Options

Please initial **one** of the four options listed below:

**The City of Seattle Office of Housing will only pay for Options 1 and 2.**

1. \_\_\_\_\_ **Option 1:** I agree to let the Office of Housing decommission (remove or clean and fill) my underground heating oil tank by leaving it in place. They will hire a furnace company to remove the oil and fill the tank with a material like sand or foam, making it unusable. By choosing this, I won't be covered by PLIA for any leaks. I also understand that my oil tank system may have leaked before. If there was a leak in the past, I might be responsible for cleanup costs, impacting my property value. The City won't do any tests to check for past oil leaks. Finally, I understand that if I have Pollution Liability Insurance under PLIA, it will end 30 days after disconnecting the tank from the furnace, leaving me without coverage if an old leak is found later.
2. \_\_\_\_\_ **Option 2:** I have an above-ground oil tank and to take part in this program, I need to choose to have it taken away from my property. I know that I have 30 days from the day the tank is disconnected from the furnace to file a claim with PLIA if there is contamination from an oil leak. I understand that the City of Seattle is not connected with PLIA and that I am responsible for any communications and negotiations with PLIA. If there is an oil leak found during the removal of my oil tank, the City of Seattle will not be responsible for any contamination clean-up or related costs. I also understand that any coverage exclusions, policy coverage limits, or liability under my PLIA policy are not the City of Seattle's responsibility.

**The City Office of Housing will not pay for Options 3 and 4:**

3. \_\_\_\_\_ **Option 3:** I choose to remove my below-ground heating oil tank and I have PLIA insurance. I understand I need to hire a furnace contractor to take out my oil tank, and I am responsible for the removal cost. I know that I have 30 days after the tank is disconnected to tell PLIA if there's contamination from an oil leak. The City of Seattle is not connected to PLIA, and I am responsible for any communications and negotiations with PLIA. If there is an oil leak during the removal, the City of Seattle won't cover cleanup costs, or anything related. Any issues with my PLIA policy, like coverage limits or exclusions, are my responsibility, not the City's.
4. \_\_\_\_\_ **Option 4:** I choose to have my below-ground heating oil tank removed, and I am not insured by PLIA. I understand I need to hire a furnace contractor/service provider to take out my oil tank, and I am responsible for the removal cost. If there is an oil leak during the removal, the City of Seattle won't cover cleanup costs, or anything related.

### **Section 4: Owner Signed Acknowledgement**

By signing below, I understand the Agreement, and as the legal owner(s) of the property, have initialed the corresponding paragraph with my decision regarding the heating oil tank. If the property is owned by multiple owners, each owner needs to sign below and attach an additional page if necessary.

Owner's Legal Name (Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Legal Name (Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Declaration of No Income Form

To qualify for the Office of Housing's Weatherization Program, you need to send copies of income documentation and this form as proof that your income does not exceed the income guidelines of our program. Each household member aged 18 years or older must complete this form if they have no income.

**Note:** This document must be notarized. A notary signature is required on [Page 15](#).

1. Full Name: \_\_\_\_\_

2. I declare that I have not received any income within these past three months (refer to the chart example below):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Current Month Applying	Past Months of No Income
January	October, November, December
February	November, December, January
March	December, January, February
April	January, February, March
May	February, March, April
June	March, April, May
July	April, May, June
August	May, June, July
September	June, July, August
October	July, August, September
November	August, September, October
December	September, October, November

3. The reasons I didn't receive income for the months listed above are as follows:

4. I have been meeting my basic living needs for food, shelter, and utilities in the following ways:

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

5. I certify that the information I have provided above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

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

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

### **Notary Signature:**

I certify that I know of and have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that they signed this document and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this document.

State of Washington, County of \_\_\_\_\_

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

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

### **Notary Seal or Stamp**

County Notary Resides:

\_\_\_\_\_

My appointment expires on:

\_\_\_\_\_

## Self-Employment Income Worksheet

1. Applicant's Name:
2. Business Name:
3. Business Address:
4. Home Address:

### **Important Notes:**

- **You must send copies of all self-employment income documentation with this form.**
- Expenses may only be deducted from Income **if a copy of the receipt is included.**
- Allowable expenses that can be deducted from income are listed below within the worksheet **(numbers 4 through 17).**
- The Low-Income Home Energy Assistance Program (**LIHEAP**) does not allow the same business deductions as the IRS Federal Income Tax. Some common IRS deductions **not allowed** for these purposes are:
  - Income Taxes (federal, state, and local)
  - Retirement Investments
  - Personal (non-business) Work-Related Expenses
  - Depreciation, Depletion, and Amortization
  - Entertainment Expenses
  - Net Losses (if a net loss is incurred during any of the months listed, then that month's income will equal zero, not a negative value)
- **Note:** For places of business in the home, we **do not allow** deductions 14 through 16 (Office Rent or Mortgage, Telephone, or Utilities) for business spaces that are used for both personal and business use. These costs may only be deducted if the business space is used exclusively and regularly for business purposes.
- **Note:** Net losses are not an allowable expense. If a loss has occurred during any of the months listed, then that month's loss will be counted as ZERO income for that month.



## Income

1. **Gross Business Revenue**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

2. **Other Income (specify sources)**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

3. **Total Gross Income (sum of lines 1 and 2)**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

## Expenses

4. **Cost of Goods Sold**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

5. **Advertising**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

6. **Business Insurance, Licenses, and Permits**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

7. **Medical Insurance Premiums** (for medical plans established under this business)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

8. **Professional Fees** (such as legal, accounting, consulting, etc.)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

9. **Office Supplies**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

10. **Equipment** (purchases and rental costs)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**11. Equipment Repairs and Maintenance**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**12. Wages and Salaries** (only gross wages and salaries paid to employees)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**13. Payroll Taxes** (related to wages and salaries paid to employees)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**14. Office Rent or Mortgage**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**15. Telephone**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**16. Utilities**

_____ Month 1	_____ Month 2	_____ Month 3
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**17. Transportation Costs** (*the larger amount of Option 1 or Option 2*)

**Fill this section after calculating Lines 18 – 20.**

- i. **Transportation Cost Total Option 1:** Multiply line "18. a." by the standard mileage rate of \$0.670 per mile (as of July 2024).
- ii. **Transportation Cost Total Option 2:** Multiply line "d" by the percentage of business miles driven in line "c".

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**18. A. Total Business Miles Driven**

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**19. B. Total Miles Driven** (*total miles driven for both business and personal use*)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**20. C. Percentage of Miles Driven for Business** (*divide the miles in line 18. A. by line 19. B.*)

_____ Month 1	_____ Month 2	_____ Month 3
------------------	------------------	------------------

**D. Itemized Transportation Costs**

i. Gasoline

_____	_____	_____
Month 1	Month 2	Month 3

ii. Oil and Fluids

_____	_____	_____
Month 1	Month 2	Month 3

iii. Tires

_____	_____	_____
Month 1	Month 2	Month 3

iv. Maintenance and Repairs

_____	_____	_____
Month 1	Month 2	Month 3

v. Vehicle Insurance

_____	_____	_____
Month 1	Month 2	Month 3

vi. License and Registration Fees

_____	_____	_____
Month 1	Month 2	Month 3

**Total Itemized Transportation Costs:** (sum of lines i through vi)

_____	_____	_____
Month 1	Month 2	Month 3

21. Total Expenses (sum of lines 4 through 17)

_____	_____	_____
Month 1	Month 2	Month 3

22. Total Net Profit (difference of line 3 less line 21)

_____	_____	_____
Month 1	Month 2	Month 3

23. Total Self-Employment Income (sum of line 19, Months 1 through 3)

_____
<b>Total Self-Employment Income</b>

**End of Application**