



These definitions will serve as a guidance when completing this form. Further documentation can be requested for eligibility purposes.

Advertising: Any expenses that are associated in bringing clients into your business. Examples

are: business cards, flyers, and marketing costs.

Business Travel Expenses: Any expenses that involve travelling for the main purpose of your business only.

Examples are hotel expenses, meals, car rentals and mileage reimbursements.

Business Insurance: Insurance that is needed to rent space for your business; this does not include

property insurance, or a private mortgage.

Legal and Professional Fees: Fees that are ordinary and necessary expenses directly related to operating your

business. Examples are accounting fees, bookkeeping, subscriptions, membership fees, trainings/workshops. This does not include violation/penalty fees, internet

access, PayPal.

Office Supplies and Postage: Office Supplies are the tangible, traditional office items. Examples: paper,

envelopes, other office supplies, laptops, furniture, stamps, equipment rentals.

Postage includes stamps.

Rent: Equipment rented, building/space rented. Example – Uber driver with lease

payments on a rental car. For business property only NOT home property.

Utilities and Telephone: Business property utility fees, business cell phones, landlines. For business property

only NOT home property.

Cost of Goods: Direct costs attributable to the production of goods sold by a company. The cost of

materials used in creating the goods along with direct labor costs used to produce

the goods. Example – bread maker vs delivery driver.



DECLARATION OF SELF EMPLOYMENT

Complete this form if you are self-employed, a registered agent of a company/non-profit, work for cash, or have income from land/property. Please indicate income for the past three months. If the income is derived from a business, trade, profession, non-profit or church. List the gross amount before any deductions in boxes 'A' through 'C' for the corresponding months. This includes church donations, payments, benefits, or expenses paid for on behalf of the company/non-profit

Primary:	
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of the company/non-profit.					
PROVIDE THE FOLLOWING INFORMATION					
	Your Name:				
	Name of Business:				
	Business Address:				
l am	Owner/Sole Pro	pprietor Partner 0	Cash Laborer 🔲 Ot	her:	
GROSS INCOME (Total gross income before business deductions)					
Month(s)			Amount		
1.			A.		
2.			В.		
3.			C.		
Total Gross Amount (add boxes 'A' through 'C')		D.			
BUSINESS DEDUCTIONS AND OPERATION COSTS (Business property only, not home property)					
			,	Amount for 3 months	
Advertising			E.		
Business Travel Expenses			F.		
Business Insurance			G.		
Legal and Professional Fees			Н.		
Office Supplies and Postage			I.		
Rent			J.		
Utilities and Telephone			K.		
Cost of Goods			L.		
Total Business Deductions (add boxes 'E' through 'L')			M.		
Subtract Box 'M' from Box 'D'					
Is your self-employment income and expenses different from your last tax return? If yes, please explain:					
AUT	HORIZATION AND S	IGNATURE			
I certify that the information contained in this Insufficient / No Income Declaration Statement / Self-Declaration / Self-Employment Profit Statement is complete and accurate to the best of my knowledge. I understand that I am signing this form under penalty of criminal prosecution if I knowingly have provided false or incomplete information regarding the total income of my household living situation, which results in assistance for which I am not eligible. I authorize the Human Services Department to release and receive information regarding my application to other agencies and City utilities regarding income, household members, and housing status. I understand that granting this permission may result in my not receiving assistance if the information provided is neither accurate nor true. I authorize use of a photocopy of this authorization in lieu of an original. I understand that the City of Seattle Utilities may recover the true cost of my utility usage if the information is neither true nor accurate and I receive benefits for which I am not entitled. Signature Date					
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