Self-Employment Affidavit

This form is to be completed by self-employed individuals who have not filed taxes and who cannot provide paystubs to establish annual household income (e.g., an individual who works for cash or contracts with organizations but does not have an employer). One form should be used for each household member who is self-employed and did not file taxes. Household members include: the applicant, the applicant's spouse or Registered Domestic Partner (RDP); and/or any tax dependents of the applicant, spouse or RDP.

Application Information (All fields are required unless otherwise noted)

Applicant's Name (First M.I. Last): _____

Applicant's Date of Birth:_____ Client ID Number (optional):_____

Self-Employment Information

I am the: ☐ Applicant ☐ Spouse or RDP ☐ Tax dependent of the applicant, applicant's spouse, or RDP

I, _____ (print full name; optional for applicants), am self-employed.

My total earnings for the past three (3) months are as follows:

Month 1 Month:_____ Year: _____

Income: $_____ Type of work:_____

Month 2 Month:_____ Year: _____

Income: $_____ Type of work:_____

Month 3 Month:_____ Year: _____

Income: $_____ Type of work:_____

Three Month Total: $_____ **Estimated Annual Gross Income**: $_____

(Multiply three-month total by 4)

By signing this form, I hereby certify that the above information is factual and accurate.

_____ _____

(Signature of self-employed individual) (Date)

Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and that I have no proof of the income source listed above. I agree to immediately notify CDPH of any changes in my household income. I understand that as a condition of participating in the program, CDPH will verify my income with the California Franchise Tax Board. I also understand that CDPH is permitted to request additional income verification if income reported appears to be inconsistent or incorrect. I understand that failure to provide accurate information or deliberately omitting information may result in suspension or termination of services and I may be held financially responsible for any covered services obtained.

_____ _____

(Applicant Signature) (Date)