

Boulder County CCAP Self-Employment Income Verification Form

Complete a separate form for each person in your household who earns income from self-employment activities. (Fields marked with * are mandatory)

CCAP Client Name*	Business Name*	Are You an LLC?*	Phone	Case # or SSN #
	Business Start-up Date* :	Yes _____ No _____ If yes, you must provide 30 days of paystubs for income verification. Skip to Work Schedule section D.		

A. Income*	
Month and year of income you are reporting*	
Total hours worked for the month reported*	
Monthly Gross Income from self-employment (before expenses)*	\$
B. Expenses (Verification must be attached to this completed form) NOTE: Not all expenses can be deducted from income.	
Business rent/mortgage expense	\$
Gross labor business costs (money paid out to employees)	\$
Cost of merchandise for business	\$
Business taxes paid	\$
Interest paid for business	\$
Utilities paid for business	\$
Business equipment costs	\$
Vehicle expense – Gas OR Mileage used only while working (must attach gas receipts or a mileage log)	\$
Other business costs (describe)	\$
Subtotal of expenses	\$
Net Income (Gross minus expenses)	\$

C. Ledger*:			
DATE	HRS WORKED	GROSS INCOME	EXPENSES
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

DATE	HRS WORKED	GROSS INCOME	EXPENSES
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total*			

D. Work Schedule *: please fill in the times of day that you typically start and end your work day (ex. 7:00am to 5:00pm)						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

The undersigned understands that providing false representation herein constitutes an act of fraud. The undersigned understands that a person found to have intentionally given false information by deed or omission cannot get child care assistance for twelve (12) months for the first offense, twenty-four (24) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws.

I certify the information presented in this form is true and accurate to the best of my knowledge.

Signature of person in Self-Employment*

Date*



Boulder County Child Care Assistance Program (CCAP)
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