



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**QUARTERLY SELF-EMPLOYMENT DECLARATION**

Applicant Name \_\_\_\_\_ Application # \_\_\_\_\_

I, \_\_\_\_\_, state that the attached copies of my bank statements and/or Business records are a complete and accurate record of my business transactions for the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Name of Business: \_\_\_\_\_.

The type of business: \_\_\_\_\_.

I started this business on \_\_\_\_/\_\_\_\_/\_\_\_\_.

If you operated this business all last year, why have you not filed taxes? \_\_\_\_\_  
\_\_\_\_\_.

**GROSS RECEIPTS:** \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Main Office**  
180 Main Street  
Gloucester, MA 01930  
978-282-1000

**Emergency Shelter**  
370 Main Street  
Gloucester, MA 01930  
978-282-1000

**Energy Services - North**  
47 Washington Street  
Gloucester, MA 01930  
**Energy:** 978-283-2131  
**Fuel Asst:** 978-282-1003

**Energy Services - South**  
3 Centennial Drive STE 230  
Peabody, MA 01960  
978-283-2131



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
CURRENT QUARTER PROFIT AND LOSS STATEMENT**

	MONTH 1	MONTH 2	MONTH 3	QUARTERLY TOTAL
<b>GROSS SALES</b>	\$	\$	\$	\$
<b>EXPENSES</b>	\$	\$	\$	\$
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
<b>TOTAL EXPENSES:</b>	\$	\$	\$	\$
<b>NET PROFIT:</b>	\$	\$	\$	\$

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