MONTHLY SELF-EMPLOYMENT EARNING WORKSHEET

Parent's/Guardian's Name: _____

Name of Self-employed Family Member Whose Earnings are listed on this Worksheet (if different from above):

_____

Month: _____
List month and year (e.g., January 2007)

Number of hours worked per week this month: _____
(e.g., 30 hours)

Total number of hours worked this month: _____
(e.g., 30 hours)

A. Monthly Gross Receipt or Sales (including all tips) $_____

Monthly Business Expenses

1. Cost of goods sold	$	8. Interest paid on mortgage owed banks	$
2. Advertising	$	9. Other interest payments (specify)	$
3. Automobile Expenses:	$	10. Legal and Professional services	$
Gas	$	11. Office Expenses	$
Insurance	$	12. Pension or Profit-Sharing Plan	$
Maintenance	$	13. Rent for Leased Vehicles, Machinery, or Equipment	$
Registration	$	14. Rent for Other Buisness Property (e.g., office space)	$
Total Automobile Expenses	$	15. Repairs and Maintenance	$
4. Commissions and Fees	$	16. Supplies	$
5. Contract Labor	$	17. Taxes and Licenses	$
6. Employee Benefit Programs (e.g., health accident, life insurance and dependent care assistance program)	$	18. Utilities	$
7. Insurance (e.g., commercial, Liability, fire insurance, etc.)	$	19. Employee Wages and Salaries	$

B. Total Monthly Buiness Expenses (Add together lines 1 through 19) $_____

C. Net Monthly Buisness Income (subtract line B from Line A) $_____

I certify that the information provided on this form is, to the best of my knowledge and belief, true and accurate. I understand that providing false of misleading information in connection with my application for financial assistance, or receiving financial assistance as a result of any false or misleading information may result in the termination of my financial assistance and make me ineligible to apply for and/or receive financial assistance for a time period of up to three year from the Merrimack Valley YMCA.

Applicants Signature: _____ Date: _____

Signature of Self Employed Family Member (if different from above): _____ Date: _____