SNAP - Self Employment Log

Customer Name: _____ Case #: _____

Week Starting: Monday _____ to Sunday _____

Fax form to **321-504-2059** every Monday by 5:00 p.m.(for previous week's wages)

INCOME ***Must include proof of income like copies of checks, money orders, etc.**		Amount Paid
Date	**Source – Who Paid You** (Must list Name of Business/Person, Address and phone number)	
Total Gross Income:		
EXPENSES***Must include proof of business expenses like copies of** receipts.		
Date	**Source – Expense Item**	**Amount**
Total Business Expenses:		

 Note: *If you did not include proof of income (ex: copies of checks, proof of the income received), or proof of the business expenses (ex: copies of receipts, etc.), then CareerSource Brevard cannot count the income/expense.*

Customer signature: _____ Date: _____

ICS to Complete:

Calculation: (Gross income _____)–(Business Expenses _____)= Net Income/($_____ minimum wage) = _____ # of hours worked.