

**CAPECO SELF-EMPLOYMENT WORKSHEET**

Applicant's Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name & Owner \_\_\_\_\_

Complete the form and **return it with your 2021/2022 Tax Return and/or ledger for the previous month's income** (preferably a Profit and Loss Statement). CAPECO has the right to ask for additional information.

**The below represents: Previous Month's Income for** \_\_\_\_\_  
(Month)

**REVENUE**

1. Total Gross Income  
(Gross Receipts or Sales) \$ \_\_\_\_\_

**EXPENDITURES**

4. Fuel for Business  
Use ONLY \$ \_\_\_\_\_

11. Supplies \$ \_\_\_\_\_

5. Vehicle for  
Business use ONLY \$ \_\_\_\_\_

13. Cleaning \$ \_\_\_\_\_

6. Property Business Tax \$ \_\_\_\_\_

14. Rent for Business Property  
And Equipment \$ \_\_\_\_\_

7. Repairs for  
Vehicle or Equipment \$ \_\_\_\_\_

15. Utilities at Business  
Location \$ \_\_\_\_\_

8. Insurance for  
Business vehicle ONLY \$ \_\_\_\_\_

16. Cell Phone for Business  
Use ONLY \$ \_\_\_\_\_

9. Wages (For Employee's) \$ \_\_\_\_\_

17. Other  
(Attach Schedule) \$ \_\_\_\_\_

10. Advertising \$ \_\_\_\_\_

18. Total Expenditures (Add lines 4 through 17)  
(Losses from previous years are not deductible) \$ \_\_\_\_\_

**ADJUSTED GROSS INCOME** (Subtract line 18 from line 1) \$ \_\_\_\_\_

I certify that the information provided is accurate and true to the best of my knowledge. If I have intentionally falsified any of this information, I understand that I may be liable to Oregon Housing and Community Services and could be fined up to \$10,000 and/or imprisoned for up to five (5) years.

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

*In accordance with Federal law, this institution does not discriminate on the basis of race, color, national origin, gender, religion, age disability, political belief, sexual orientation, and martial or family status. CAPECO is an equal opportunity provider.*