



Self-Employment Declaration

I, _____, declare that I am self-employed in the profession listed below. I understand that when a parent/guardian is self-employed, The Division of Early Education Services must be able to independently verify the employment of the parent/guardian. In addition to completing the Self-Employment Declaration form, I will provide a combination of documentation necessary to establish current need and income eligibility from either month of the two-month window immediately preceding the initial certification, or the recertification of eligibility for services. Documentation shall consist of a self-certification of income with as many of the following types of documentation as reasonably necessary to determine need and income following:

- A letter from the source of income. If working as a private contractor for a company/agency, a letter from that source, or a copy of the contract, in addition to any payroll check stubs received.
- A copy of the most recently signed and completed tax returns with a statement of current estimated income.
- Profit & Loss Statement (P&L)
- Other business records: service contracts, invoices, ledgers, receipts, work schedules/logs, client lists (including contact information), bank statements, advertisements for services, website for services, etc.

If a parent/guardian's income fluctuates, the parent must submit documentation for the previous 12 months (profit and loss statements, tax returns, etc.), and the income may be averaged for this period.

Employment Information:

Job Title: _____ Job Description: _____

Business Address: _____ City and Zip: _____

Business Telephone Number: _____

First Date of Self-Employment: _____ I have my own business I am contracted

I am paid: Daily Weekly Bi – Weekly Semi – Monthly Monthly

I am the independent owner with variable clients/locations I work for an independent owner/lessor
Please complete Section A on back of form. Please have owner/lessor complete Section B on back.

Work Schedule: Set Work Schedule (complete Box A) Variable Work Schedule (complete Box B)

Box A	Set Work Schedule (if days and hours of work are fixed)						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From: _____ a.m./p.m. To: _____ a.m./p.m.	From: _____ a.m./p.m. To: _____ a.m./p.m.	From: _____ a.m./p.m. To: _____ a.m./p.m.	From: _____ a.m./p.m. To: _____ a.m./p.m.	From: _____ a.m./p.m. To: _____ a.m./p.m.	From: _____ a.m./p.m. To: _____ a.m./p.m.	From: _____ a.m./p.m. To: _____ a.m./p.m.
Box B	Variable Work Schedule (if days and hours of work fluctuate)						
	Indicate days you may be scheduled:						
	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Minimum Hours per Week: _____ Minimum Hours per Week: _____						

I certify, under penalty of perjury, that the information recorded here is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and only available to Riverside County Office of Education staff, officials from the California Departments of Education or Social Services officials, and audit personnel.

 Parent/Guardian Name (print) Parent/Guardian Signature Date

Section A: This section to be completed ONLY if you are the independent owner with variable clients/locations.
To confirm clients and costs for services, telephone verification will be completed.

Client No. 1

Client Name: _____	Phone Number: _____
Type of Service(s): _____	Start Date: _____
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____	Income is: <input type="checkbox"/> Taxed: <input type="checkbox"/> Gross (1099)
Days and Hours of Work: _____	Office Use Only Date Verified: _____

Client No. 2

Client Name: _____	Phone Number: _____
Type of Service(s): _____	Start Date: _____
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____	Income is: <input type="checkbox"/> Taxed: <input type="checkbox"/> Gross (1099)
Days and Hours of Work: _____	Office Use Only Date Verified: _____

Client No. 3

Client Name: _____	Phone Number: _____
Type of Service(s): _____	Start Date: _____
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____	Income is: <input type="checkbox"/> Taxed: <input type="checkbox"/> Gross (1099)
Days and Hours of Work: _____	Office Use Only Date Verified: _____

Section B: This section is to be completed by the independent owner/lessor of the business. Telephone verification will be completed.

Independent Owner/Lessor Statement

I, _____, declare that _____
Owner/Lessor Full Name Renter/Lessee Full Name
 rents/leases a space/building from me in the amount of \$ _____ per: Week Month Other: _____
Rent Amount

The location in which the renter/lessee rents and/or conducts business is:

_____ Address City State Zip Code Phone Number

To the best of my knowledge, the type of business conducted in the above listed address is:

_____ Please indicate business performed at above location.

Operational Business Hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____ a.m./p.m.	From: _____ a.m./p.m.	From: _____ a.m./p.m.	From: _____ a.m./p.m.	From: _____ a.m./p.m.	From: _____ a.m./p.m.	From: _____ a.m./p.m.
To: _____ a.m./p.m.	To: _____ a.m./p.m.	To: _____ a.m./p.m.	To: _____ a.m./p.m.	To: _____ a.m./p.m.	To: _____ a.m./p.m.	To: _____ a.m./p.m.
<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed

I certify under penalty of perjury that the information recorded here is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and only available to Riverside County Office of Education staff, officials from the California Departments of Education or Social Services officials, and audit personnel.

Owner/Lessor Printed Name: _____ Owner/Lessor Signature: _____

Owner/Lessor Contact Number: _____ Date: _____ Office Use Only Date Verified: _____

Office Use Only		
I certify that the information recorded above was verified with the corresponding client(s) or independent owner/lessor to the best of my knowledge. <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Notes: _____		
Liaison Name (print) _____	Liaison Signature _____	Date _____