



SCHOOL READINESS PROGRAM SELF-EMPLOYMENT LEDGER

Notice: To assist you in properly documenting activities as a self-employed client, the attached form must be completed and supported with receipts, if available. This information is confidential and will be used only to determine your eligibility for School Readiness services, however; your Eligibility Analyst may contact sources listed on this form to verify the information is true and correct.

Self-Employment Overview

In order to determine your eligibility for School Readiness services, you must show that you meet the income eligibility guidelines for assistance. You must provide accurate business records detailing all income received and all business expenses paid. If you have an outside accountant, or other means of tracking your business income and expenses (such as, Quicken or Microsoft Money) you may supply these records to eliminate completing this form. If you do not have other business records or if your other means of tracking your income do not appropriately show that you meet eligibility requirements, you may be required to complete this form as well. In addition to providing this form or other means of tracking, your Eligibility Analyst will request the most recently filed tax documents.

One of the following documents must accompany the completed ELPOP 400.05: Self Employment Ledger:

1. Business receipts for income or expenses that reflect dates and hours worked and gross income
2. Client References: signed and dated letter describing services provided with estimated hours worked per week and estimated gross income
3. Checking account information showing business activity
4. Marketing materials: such as, business cards or advertising, etc.
5. Business license
6. Business ledger or financial statements
7. Client contracts
8. Appointment book or client log
9. Prior year tax return
10. If you are employed with a business and do not receive paystubs (paid in cash), a letter from your employer on company letterhead must accompany this ledger, along with payment receipts. The letter must explain the number of hours you work and the method and frequency in which you are paid. Your Eligibility Analyst may request your employer to complete ELPOP 400.04: Verification of Employment if the letter from your employer does not include detailed information.

How to Use the Self-Employment Ledger

Part I is a record of income from your business. Use this chart to record ALL income. On the last row, total the amount of income received for the tracking period. If needed, make additional copies for all income received during the tracking period.

Part II is a record of your business expenses. Use this chart to track ALL business expenses for the tracking period. Use the last row to total all business expenses. If needed, make additional copies for all business related expenses during the tracking period. **NOTE: This section is not required if you are a cash-paid employee and do not receive paystubs (see #10 above).**

Part III is a record of the number of hours worked per week. Use the chart provided to track the number of hours worked per week.

Should you have questions or require additional information on documenting self-employment activities, please contact your Eligibility Analyst.

Eligibility Analyst: _____ Email: _____ Telephone: _____

I, _____, am providing this written statement of my income and expenses (if applicable),
Name
 from my business or the business in which I am employed _____
Name of Business or Employer
 for the tracking period beginning _____ and ending _____.

Part I. Income: After inserting payment amounts for the specific tracking period, total the amounts at the bottom (make additional copies if needed).

Week Tracked	Source of Income (client, sale, project, etc.)	Amount
Week 1 – Dates:		
Week 2 – Dates:		
Week 3 – Dates:		
Week 4 – Dates:		
Week 5 – Dates:		
Week 6 – Dates:		
Week 7 – Dates:		
Week 8 – Dates:		
Week 9 – Dates:		
Week 10 – Dates:		
Week 11 – Dates:		
Week 12 – Dates:		
Week 13 – Dates:		
Week 14 – Dates:		
Week 15 – Dates:		
Week 16 – Dates:		
Week 17 – Dates:		
Week 18 – Dates:		
Week 19 – Dates:		
Week 20 – Dates:		
Week 21 – Dates:		
Week 22 – Dates:		
Week 23 – Dates:		
Week 24 – Dates:		
		Total:

I certify the information provided in this chart is true and correct, and reflects the total amount of income for the specified tracking period.

 Signature

 Date

Name: _____ Tracking Period: _____

Part II. Expenses: After inserting business expense amounts for the specific tracking period, total the amounts at the bottom (make additional copies if needed).

Date	Type of Expense (rent, supplies, business taxes/advertising, etc.)	Amount
Week 1 – Dates:		
Week 2 – Dates:		
Week 3 – Dates:		
Week 4 – Dates:		
Week 5 – Dates:		
Week 6 – Dates:		
Week 7 – Dates:		
Week 8 – Dates:		
Week 9 – Dates:		
Week 10 – Dates:		
Week 11 – Dates:		
Week 12 – Dates:		
Week 13 – Dates:		
Week 14 – Dates:		
Week 15 – Dates:		
Week 16 – Dates:		
Week 17 – Dates:		
Week 18 – Dates:		
Week 19 – Dates:		
Week 20 – Dates:		
Week 21 – Dates:		
Week 22 – Dates:		
Week 23 – Dates:		
Week 24 – Dates:		
		Total: _____

I certify the information provided in this chart is true and correct, reflecting expenses associated with my business for the specified tracking period.

Signature

Date

Name: _____ Tracking Period: _____

Part III. Hours: Track the number of hours worked per week and total the columns at the bottom.

Week Tracked	Number of Hours Worked
Week 1 – Dates:	
Week 2 – Dates:	
Week 3 – Dates:	
Week 4 – Dates:	
Week 5 – Dates:	
Week 6– Dates:	
Week 7 – Dates:	
Week 8 – Dates:	
Week 9 – Dates:	
Week 10 – Dates:	
Week 11 – Dates:	
Week 12 – Dates:	
Week 13 – Dates:	
Week 14 – Dates:	
Week 15 – Dates:	
Week 16 – Dates:	
Week 17 – Dates:	
Week 18 – Dates:	
Week 19 – Dates:	
Week 20 – Dates:	
Week 21 – Dates:	
Week 22 – Dates:	
Week 23 – Dates:	
Week 24 – Dates:	
Total Number of Weeks Tracked:	Total Number of Hours Worked:

I certify the information I have provided is true and correct. I understand it is against the law to receive School Readiness Services for my child(ren) by giving false information and failing to update pertinent information and if I do so I may be liable and prosecuted under Florida Statute 414.39, Public Assistance Fraud. I understand that I will be required to pay back financial assistance that I wrongly receive for my child(ren).

Signature

Date

ELCNC USE ONLY

$$\frac{\text{Income Total}}{\text{Expense Total}} = \frac{\text{Gross Period Income}}{\text{\# of Months}} = \text{Monthly Gross Income}$$

$$\frac{\text{Total Hours}}{\text{\# of Weeks}} = \text{Average Weekly Hours}$$

Minimum Work Hours Met? Yes ___ No ___