

# SELF-EMPLOYMENT STATEMENT

HealthWorks requests income verification to determine eligibility for our sliding fee program.

1. **Date business started:** \_\_\_\_\_
2. Gross Wages/tips (before tax deduction) \$ \_\_\_\_\_  Hourly       Weekly  Every 2 Weeks  
 Twice a month    Monthly  Yearly
3. Do you expect this income to change during the year, for example you work a job for part of the year.  Yes  No

**If you answered yes to the question above, please complete questions a and b below.**

- a. What is the average number of hours worked per week? \_\_\_\_\_
- b. What is the rate per hour? \_\_\_\_\_

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**Business Name**

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**Business Address**

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**Business Phone Number**

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**Signature**

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**Date**