



EMERGENCY HOUSEHOLD ASSISTANCE PROGRAM

Please download, complete and submit this with your La Porte Cares Household Assistance Program Application

Self-Employment Income Ledger

Please report self-employment income from at least the past 30 days. Each self-employed household member should complete a separate ledger.

Name:

Business Name/Type:

Report Month(s) & Year:

Date	Customer	Payment Received	Services or Goods Provided

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible and that I may be subject to prosecution for providing false or fraudulent information.

Please sign below

Signature

Date