

LORAIN COUNTY DEPT. OF JOB & FAMILY SERVICES

42485 NORTH RIDGE ROAD - ELYRIA OH 44035-1057
(844) 640-6446 FAX: (440) 323-3422

Self-Employment Statement

I declare that I am currently self-employed.

Date my self-employment started: _____

Type of work I do (examples: construction, mowing lawns, odd jobs, business owner, etc): _____

If any of the following statements apply to you, check the applicable box or boxes:

- I own my own business.
- My business is incorporated as an LLC, Partnership, S-Corporation, or C-Corporation with the State of Ohio or through another state.
- I am a subcontractor and receive a 1099 from (provide employer name and phone number): _____
- I will be claiming the self-employment income on my federal income taxes next year, and I will be claiming the following individuals on next year's federal income tax return:

List your income and business expenses for the last 3 months. If you receive a 1099 or if you own your own business, provide a copy of the most recent tax year's 1099 along with a copy of your most recent federal income tax return (all pages).

Month	Income	Business Expenses	Average Weekly Hours
1.			
2.			
3.			

I understand the penalty for withholding information. I also understand I would have to repay any food assistance benefits I received because I did not fully report required changes to my caseworker. If asked, I agree to cooperate with verifying changes I report. My answers on this form are correct and complete to the best of my knowledge.

Client Signature	Client Printed Name
Date	Social Security Number
Phone Number	Case Number

Penalty Warning

The information provided on this form will be subject to verification by federal, state, and local officials. If any information is found inaccurate, you may be denied food assistance benefits, and /or subject to criminal prosecution for knowingly providing false information. If your assistance group receives food assistance benefits, it must follow the rules listed below. Any member of your assistance group who breaks any of these rules on purpose can be barred from the Food Assistance Program for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws. A court can also bar you from the Food Assistance Program for additional 18 months.

- Do not give false information or hide information to get or to continue to get Food Assistance benefits.
- Do not trade or sell food assistance benefits.
- Do not alter authorization document to get food assistance benefits you are not entitled to receive.
- Do not use someone else's food assistance benefits for your household.
- Do not use food assistance benefits to buy ineligible items, such as alcoholic drinks and tobacco.