

SELF-EMPLOYMENT STATEMENT

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

1. Date business started: _____
2. How often paid: Daily _____ Weekly _____ Every other week _____ Twice a month _____ Monthly _____
3. Are self-wages: fluctuating (varies) _____ or stable (same amount each check)? _____
4. If stable, what is the gross daily, weekly, bi-weekly, bi-monthly, or monthly pay? \$ _____
5. If fluctuating, what is the average number of hours worked per week? _____
Rate per hour? _____ Average number of hours per day? _____
6. Does your business pay employees other than yourself? Yes No

Business Name

Business Address

Business Phone Number

Signature

Date