

Verification of Self-Employment Income for Ryan White Part B/HMAP

(For individuals who are Self-Employed)

I have applied for assistance through the NC Ryan White Part B Program and/or HMAP. I understand that individuals with a gross family income above 300 percent of the Federal Poverty Guidelines are ineligible for these services. I understand that proof of income is required.

- I am Self-Employed, as defined by the NC HMAP's Program Manual.
 Select the category that best describes your self-employment:
- I own a business of which I am also the primary or sole operator.
 - I am recognized as an 'Independent Contractor' by the IRS (see the HMAP Manual).

Business Name/Type of Business: _____

Documentation of income is required for the 12-month period that precedes the application date. Provide monthly self-employment income (after IRS allowable expenses) from the last 12 months on the table below. The prior year's tax documents are also required.

| Month and Year | Monthly Income After Business Expenses |
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| Total | |

I understand that by completing and signing this form, I certify the information provided is accurate and true. I understand intentional misrepresentation may require repayment to the state for the value of the HMAP medication(s) and/or Ryan White Part B service(s) received. I will notify the Interviewer immediately if my employment or income changes.

Applicant/Client Name: _____

Applicant/Client Signature: _____ Date: _____

Interviewer/Witness Name: _____

Interviewer/Witness Signature: _____ Date: _____