



SNAP Self Employment Log

PARTICIPANT'S NAME: _____

CAREER COACH: _____

MONTH OF: _____

Check the "R" box on items for which you have a receipt. In order to be given credit you must provide copies of payment (checks, written receipt, invoices, etc.).

FOR THE WEEK OF: _____, 20____ **TOTAL HOURS WORKED** _____

DAY of the month	<u>INCOME</u>			<u>EXPENSES</u>		
	<u>SOURCE</u>	<u>AMOUNT</u>	<u>R</u>	<u>HOURS</u>	<u>AMOUNT</u>	<u>R</u>
1			<input type="checkbox"/>			<input type="checkbox"/>
2			<input type="checkbox"/>			<input type="checkbox"/>
3			<input type="checkbox"/>			<input type="checkbox"/>
4			<input type="checkbox"/>			<input type="checkbox"/>
5			<input type="checkbox"/>			<input type="checkbox"/>
6			<input type="checkbox"/>			<input type="checkbox"/>
7			<input type="checkbox"/>			<input type="checkbox"/>
8			<input type="checkbox"/>			<input type="checkbox"/>
9			<input type="checkbox"/>			<input type="checkbox"/>
10			<input type="checkbox"/>			<input type="checkbox"/>
11			<input type="checkbox"/>			<input type="checkbox"/>
12			<input type="checkbox"/>			<input type="checkbox"/>
13			<input type="checkbox"/>			<input type="checkbox"/>
14			<input type="checkbox"/>			<input type="checkbox"/>
15			<input type="checkbox"/>			<input type="checkbox"/>

PARTICIPANT'S NAME: _____

FOR THE WEEK OF: _____, 20____ TOTAL HOURS WORKED _____

Check the "R" box on items for which you have a receipt. In order to be given credit you must provide copies of payment (checks, written receipt, invoices, etc.).

DAY of the month	<u>SOURCE</u>	<u>AMOUNT</u>	<u>R</u>	<u>HOURS</u>	<u>AMOUNT</u>	<u>R</u>
16			<input type="checkbox"/>			<input type="checkbox"/>
17			<input type="checkbox"/>			<input type="checkbox"/>
18			<input type="checkbox"/>			<input type="checkbox"/>
19			<input type="checkbox"/>			<input type="checkbox"/>
20			<input type="checkbox"/>			<input type="checkbox"/>
21			<input type="checkbox"/>			<input type="checkbox"/>
22			<input type="checkbox"/>			<input type="checkbox"/>
23			<input type="checkbox"/>			<input type="checkbox"/>
24			<input type="checkbox"/>			<input type="checkbox"/>
25			<input type="checkbox"/>			<input type="checkbox"/>
26			<input type="checkbox"/>			<input type="checkbox"/>
27			<input type="checkbox"/>			<input type="checkbox"/>
28			<input type="checkbox"/>			<input type="checkbox"/>
29			<input type="checkbox"/>			<input type="checkbox"/>
30			<input type="checkbox"/>			<input type="checkbox"/>
31			<input type="checkbox"/>			<input type="checkbox"/>

Note: If you do not include proof of income (ex: copies of checks, proof of the income received), and /or proof of the business expenses (ex: copies of receipts, etc.), CareerSource Citrus Levy Marion cannot count the income/expense.

I certify that the information provided is accurate. I understand that all items are subject to verification by CareerSource Citrus Levy Marion.

PARTICIPANT'S SIGNATURE

DATE

CareerSource Citrus Levy Marion is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 1 800 434-5627, ext. 7878 or e-mail accommodations@careersourceclm.com at least three business days in advance. CareerSource Florida Member.