



Income Assistance

Case Number: _____

Form L – Monthly Statement of Self-Employment Business Income

Applicant Information

Last Name		First Name	
Telephone		Date of Birth (YY/MM/DD) / /	
Current Mailing Address			
Community		, NT	Postal Code

Self-Employment Business

Business Name		Telephone
Fax Number	Business License Number	
Business Type		
Business Address		

A. Business For the Month

Total Sales \$		Fees \$
Commissions \$	Other \$	
Total \$ for Section A		

All sections are mandatory – Place a dash or line through boxes that do not apply to you.

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B. Operating Expenses for the Month (You Must Submit Receipts)

\$ _____ Office Supplies	\$ _____ Administration Fees	\$ _____ Bad Debts
\$ _____ Telephone/Utilities (power/water)	\$ _____ Advertising	\$ _____ Bank Interest
\$ _____ Insurance	\$ _____ Property Fuel Costs	\$ _____ Salaries/Benefits (Employer Contributions)
\$ _____ Rent	\$ _____ Property Taxes Costs	\$ _____ Travel
\$ _____ Delivery/Freight	\$ _____ Maintenance and Repair Costs	\$ _____ Other
\$ _____ Business Tax	\$ _____ Meals and Entertainment	\$ _____ Other
\$ _____ Licenses	\$ _____ Legal Fees	\$ _____ Other

Operating Expenses for Business Vehicle Including Maintenance

\$ _____ Cost of Fuel	\$ _____ Lease Payment for Business Vehicle	\$ _____ Licenses
\$ _____ Car Washes	\$ _____ Repairs (non-accidental)	\$ _____ Insurance for Vehicle
\$ _____ Grease/Oil Changes		\$ _____ Other

Total Self-Employment Business Income

Total for Section A: \$ _____

Total of Section B: \$ _____

Total (Total for Section A Minus Total of Section B): \$ _____

Declaration

I declare that the information on this form and supporting documents are true to the best of my knowledge.

Applicant Signature _____

Date (YY/MM/DD) / /