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 modified adjusted 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 most recent tax returns are also required.

Month and Year	Monthly Income After Business Expenses
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: _____