

Association of Village Council Presidents  
TANF Program  
Pouch 219 \* Bethel, AK 99559  
1-800-478-3157

SELF-EMPLOYMENT INCOME

MONTHLY SELF-EMPLOYMENT INCOME LEDGER FOR \_\_\_\_\_  
(NAME)

TYPE OF SELF-EMPLOYMENT: \_\_\_\_\_  
MONTH \_\_\_\_\_ YEAR: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

Date	\$ INCOME/TIPS	NUMBER OF HOURS WORKED	EXPENSES-LIST TYPE & AMOUNT (ATTACH RECEIPT)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

DAY	\$ INCOME/TIPS	NUMBER OF HOURS WORKED	EXPENSES-LIST TYPE & AMOUNT (ATTACH RECEIPT)
23			
24			
25			
26			
27			
28			
29			
30			
31			
<b>TOTAL</b>			

LIST GROSS AMOUNT OF MONEY RECEIVED EACH DAY **ATTACH PROOF**  
LIST AMOUNT OF EXPENSES FOR EACH DAY **ATTACH PROOF**

**PROOF CAN BE RECEIPTS OR STATEMENT FROM THE SOURCE OF  
INCOME OR EXPENSES. ATTACH THIS SHEET WITH YOUR PROOF TO  
YOUR MONTHLY REPORT FORM (MRF). CONTACT YOUR CASEWORKER  
IF YOU HAVE ANY QUESTIONS.**

A person who intentionally gives false information to become or remain eligible for TANF benefits will be disqualified for six months for the first offense, one year for the second and permanently for the third and will be responsible for paying back any TANF benefits that is paid to them.

Under penalty of perjury or of unsworn falsification, I certify that this Self Employment Ledger is accurate and correct to the best of my knowledge.

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CLIENT SIGNATURE

DATE