



## Self-Employment Ledger

CCCAP Client Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

DATE	Income (+)	Tips (+)	Expenses (-)	Expenses (-)	Hrs Worked
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Total</b>					

Please list all income/tips on a daily basis. You must submit verification of all business related expenses.

The undersigned further understands that providing false representations herein constitutes an act of fraud. Colorado statues provide for fraud charges to be filed against any individual or person who aided another person in securing public assistance for which he/she was ineligible by misrepresenting or concealing essential facts.

\_\_\_\_\_

**CCCAP Client Signature**

\_\_\_\_\_

**DATE**

**Colorado Child Care Assistance Program**  
**11860 Pecos St**  
**Westminster, CO 80234**

**Fax: 720-523-2201**