

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration**

**SELF-EMPLOYMENT
INCOME STATEMENT**

Name (*Last, First, M.I.*):

Business Start Date: _____

Case Number: _____

APP ID: _____

What type of business is this?

Do you file taxes? Yes No

Business Name:

Business Address:

**See pages 14-16 for
USDA/EOE/ADA disclosures**

When additional space is needed attach a separate piece of paper.

MONTH/YEAR:		
Date:	Income:	Hours:
Date:	Expense Type:	Expense Amount:

MONTH/YEAR:		
Date:	Income:	Hours:
Date:	Expense Type:	Expense Amount:

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Date:	Income:	Hours:
Date:	Expense Type:	Expense Amount:

Print Name:

Signature: _____

Date: _____

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA

through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA

**1320 Braddock Place, Room 334
Alexandria, VA 22314; or**

2. fax:

**(833) 256-1665 or
(202) 690-7442; or**

3. email:

**[FNSCIVILRIGHTSCOMPLAINTS
@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)**

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opportunity provider.**

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línea o en la oficina local.**