



**DEPARTMENT OF PUBLIC HEALTH  
 COUNTY OF SAN BERNARDINO  
 RYAN WHITE/EARLY INTERVENTION SERVICES**

## Self Employment Affidavit

This form is to be completed by self-employed applicants who are unable to provide tax records and/or pay stubs to establish annual income.

I, \_\_\_\_\_, am self employed.  
 (Print: First Name Middle Initial Last Name)

I have listed my total earnings for the past three (3) months from \_\_\_\_\_ to  
 the present as follows: month / year

Month/Year	Type of Work	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Total:** \$ \_\_\_\_\_

**Estimated Total Gross Income:** \$ \_\_\_\_\_  
 Multiply total by four (4)

I hereby certify that the above financial information is accurate and I agree to immediately notify the County of San Bernardino, Department of Public Health of any changes in my annual income. Further, I understand that failure to provide accurate information may result in suspension or termination of services.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date