



This form allows applicants, recipients, or household members to notify the Department of Financial Assistance about their self-employment or odd jobs.

Applicant/Recipient Information

FAS ID:

Name

Date of Birth

Phone Number

Email

Please complete Section A or B below, as applicable.

Section A - Self Employment

Type of Self Employment/
Service provided

Business Name

Business Address

Trade & Business License Number

Job Title / Position

Date Self-Employment Began

Average Hours Worked Per Month

Business Net Income for the Last Month

Salary / Wages for the Last Month

Number of Individuals Employed

Number of Staff on Work Permit



Section B - Odd Jobs

Type of Odd Jobs/
Service provided

Job Title / Position

Average Hours Worked Per Month

Salary / Wages for the Last Month

Acknowledgment and Certification

I _____ (name) hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that failure to provide accurate information or failure to notify the Department may affect my eligibility for benefits.

Signature

Date

Note: Per section 28 of the Financial Assistance Act - "A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both."

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky
or via email to dfainfo@gov.ky.