

LOW INCOME PROTECTION PLAN
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SPOUSE BUSINESS SUPPLEMENT FORM
**FOR USE IF SPOUSE IS SELF-EMPLOYED, WORKING AS A CONSULTANT,
STARTING A NON-PROFIT, OR WORKING IN A FAMILY BUSINESS**

Name: _____

Name of Business: _____

Address of Business: _____

Telephone: () _____ Email: _____

Date Business Started: _____ Website: _____

Describe Nature of Business: _____

Title/Job Duties: _____

Indicate Type of Business:

Sole Proprietorship Corporation Type: _____

Partnership List names of partners and percentage of ownership for each partner, including yourself:

Other _____

Number of hours worked per week, if less than full-time please explain: _____

INCOME & EXPENSES

Please provide estimates for the past award period as well as the next two award periods.

	July - Dec 2022	Jan - June 2023	July - Dec 2023
Gross Receipts and Sales:	_____	_____	_____
Other Business Income:	_____	_____	_____
Total Income:	_____	_____	_____
Total Expenses:	_____	_____	_____

Note: please enter total Gross Receipts and Sales; if a Partnership we will calculate your share using the percentage indicated above.

Expense Details

Please estimate for the entire year (January 2023 – December 2023).

Rent on Business Property: _____

Salaries and Wages (list amounts, positions and date of hire)**: _____

List out-of-pocket medical expenses for you and your employees (list separately, if applicable):

Other expenses (itemized): _____

Total Expenses: \$ _____

ASSETS

Please enter total assets, if a Partnership we will calculate your share using the percentage indicated above.

Cash and Savings: _____

Investments: _____

Business Property -

Value: _____ Debt: _____

Year Purchased: _____ Purchase Price: _____

Other assets (itemized): _____

Total Assets: \$ _____

CERTIFICATION

I hereby certify that all of the information contained in this form is true and complete to the best of my knowledge. I agree to provide further documentation and/or proof of the information given on this form. I also agree to notify the director of LIPP of any changes in income or other relevant changes during the period of participation and I understand that because LIPP is awarded prospectively these changes may result in me returning a portion or all of my award.

Signature: _____ Date: _____
