



# COMMUNITY ACTION FUEL ASSISTANCE

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) ODD JOBS INCOME STATEMENT

Applicant Name: \_\_\_\_\_

Application #: \_\_\_\_\_

I, \_\_\_\_\_, certify under the penalties of perjury that the following is a true and complete accounting of my income from odd jobs for the period from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ . I further understand that (**AGENCY**) may request, at any time, a copy of my income tax return or bank statements to verify my income and I will be held liable if I have misstated or understated my income in any way.

Week Ending	Job(s) Performed	Name and Address of Person for Whom Work Was Performed	Gross Payment Received
		Name: _____ Address: _____	
		Name: _____ Address: _____	
		Name: _____ Address: _____	
		Name: _____ Address: _____	
		Name: _____ Address: _____	
		Name: _____ Address: _____	

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

Date: \_\_\_\_\_