COMMUNITY ACTION INC.
3 Washington Square, 2nd Floor
Haverhill, MA 01830

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 Community Action Inc. 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: _____