

Low Income Home Energy Assistance Program (LIHEAP)

ODD JOBS INCOME STATEMENT

Applicant Name: _____
(Print Name)

Application #: _____

I, _____, certify under the penalties of perjury that
(Print Name)
the following is a true and complete accounting of my income from odd jobs for the period
from: _____ to _____. I further understand that **ABCD**
(MM/DD/YYYY) *(MM/DD/YYYY)*
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 Signature: _____ **Date:** _____
(MM/DD/YYYY)