

**SELF HELP INC., 780 W. MAIN STREET, AVON MA. 02322 505-588-5440**

**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 Self Help 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.

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

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

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