



484 Main Street, 2nd Floor • Worcester, Massachusetts • 01608-1810  
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**LIHEAP INCOME FROM ODD JOBS--NOTARIZED 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 WCAC 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: \_\_\_\_\_

**THIS STATEMENT MUST BE NOTARIZED.**

On this \_\_\_ day of \_\_\_, 20\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Signature: \_\_\_\_\_ **NOTARY SEAL** Commission Expires On: \_\_\_/\_\_\_/\_\_\_