



WCAC
 BREAKING THE CYCLE OF POVERTY ONE NEIGHBOR AT A TIME

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**HOME ENERGY ASSISTANCE PROGRAM* (HEAP)
 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: _____	

I do not have a checking, savings or other bank account records or bank books to verify this income.

I do not report this income on a tax return.

Applicant's Signature: _____

Date: _____

*HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.