



**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 **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: _____

Main Office
180 Main Street
Gloucester, MA 01930
978-282-1000

Emergency Shelter
370 Main Street
Gloucester, MA 01930
978-282-1000

Energy Services - North
47 Washington Street
Gloucester, MA 01930
Energy: 978-283-2131
Fuel Asst: 978-282-1003

Energy Services - South
3 Centennial Drive STE 230
Peabody, MA 01960
978-283-2131

