



**WORCESTER COMMUNITY ACTION COUNCIL, INC.**  
The Antipoverty Agency for Central Massachusetts  
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## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (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 (**AGENCY**) may request, at any time, a copy of my income tax return to verify my income. At that time, I will be held liable if I have misstated or understated my income in any way.

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

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: \_\_\_/\_\_\_/\_\_\_