HOME ENERGY ASSISTANCE PROGRAM (HEAP)

ODD JOB INCOME WORKSHEET

CAA Name: _____ **CAA Phone:** _____

CAA Address: _____ **CAA Fax:** _____

_____ **CAA Email:** _____

Primary Applicant: _____ **Create Date:** _____

Client ID#: _____

I, the above-named Applicant, 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 the CAA or MaineHousing may request, at any time, a copy of my income tax return to verify my income. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

Name of person for whom work was performed	Job(s) Performed	Month Paid	Payment Received
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

Applicant Signature _____ Date _____