HOME ENERGY ASSISTANCE PROGRAM (HEAP)

ODD JOB INCOME WORKSHEET

CAA Name:CAA Address:	CAA Phone: CAA Fax: CAA Email:
Primary Applicant:	Create/Intake Date:

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