



Community Action Programs Inter-City, Inc.

**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 CAPIC 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: _____

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: ___/___/___