

SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY 2027

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
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 SSCAC 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: _____	

☐ I do not have a checking, savings or other bank account records or bank books to verify this income.

☐ I do not report this income on a tax return.

Applicant's Signature: _____

Date: _____