

SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY 2017

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 **SSCAC, INC** 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.

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

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: ____/____/____