

Maine State Housing Authority (MaineHousing)  
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

**ODD JOB INCOME AFFIDAVIT**

**COMMUNITY ACTION AGENCY (CAA):** Downeast Community Partners

**PRIMARY APPLICANT NAME:** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

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 and Address of person for whom work was performed	Job(s) Performed	Date Paid for Work	Gross Payment Received
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

X  
Applicant Signature

\_\_\_\_\_  
Date