

Arkansas Energy Office ODD JOB INCOME/EXPENSE REPORT



	QUALITY			LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
Sul	ograntee Agency Name:			
			bs such as mowing lawns, raking lara. Any household member earning	
Sel	f-employed household me	mber's name:		N. 1
		For	Job T	itle
1.	List the total gross earned. 2. List the names of the people you worked for.			
3.	Remember to provide receipts verifying each payment.			
	Date(s) Worked	Gross Amount Earned	Customer Name	Customer Phone Number
1.	_ *************************************	\$	0.0000000000000000000000000000000000000	
2.		\$		
3.		\$		
4.		\$		
5.		\$		
6.		\$		
7.		\$		
8.		\$		
9.		\$		
10.		\$		
11.		\$		
12.		\$		
13.		\$		
14.		\$		
15.		\$		
16.		\$		
17.		\$		
18.		\$		
19.		\$		
20.		\$		
21.		\$		
22.		\$		
23.		\$		
24.		\$		
25.		\$		
Tot	tal	\$		
exect action or di writ	cutive, legislative, or judicial brons shall be fined under this title levice a material fact; (2) Makeing or document knowing the sa	ranch of the Government of the and/or imprisoned for not lorges any materially false, fictition armento contain any materially false is true and correct. I unders	nts," provides among other things, in any he United States, anyone who knowing the United States, anyone who knowing the Inger than five (5) years: (1) Falsifies, concurs, or fraudulent statement or representalse, fictitious, or fraudulent statement of that by giving false information on the 36-202.	y and willfully commits the following eals, or covers up by any trick, scheme, tation; or (3) Makes or uses any false rentry.
-	A	applicant's Signature		Date