



Morris County Organization for Hispanic Affairs

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NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS WEATHERIZATION / HOME ENERGY ASSISTANCE PROGRAM

CERTIFICATION OF EARNED INCOME

Date: _____

Print Name: _____

SS#: XXX-XX-_____

I certify that I receive Weekly Bi-Weekly Monthly Bi-Monthly
grossed earned income for the amount of _____ dollars in cash. I understand that it is my
responsibility to provide information concerning any earned income received by me and that this
information must be reported promptly to a representative of the Weatherization or/and Home Energy
Assistance Program.

Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE
WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S.
TO ANY MATTER WITHIN ITS JURISDICTION.