



Housing Authority of the City of Alameda

701 Atlantic Avenue, Alameda, CA 94501 ~ Phone: (510) 747-4300 ~ Fax: (510) 522-7848 ~ TDD: (510) 522-8467 ~ Web: www.alamedahsg.org

Affidavit of Zero Income

Date: _____

Head of Household _____ Client No: _____

I, _____, certify that I have zero income. I am:

- The Head of Household
- The Spouse of the Head of Household
- Other family member 18 years of age or older

I fully understand that if I become eligible for any type of income and/or assistance, or accept temporary, part or full time employment, I must report this to the Housing Authority of the City of Alameda in writing within fourteen (14) days.

I understand that because I presently have no source of income, the Housing Authority of the City of Alameda may require a quarterly interim re-examination of income. The results of the interim re-examination may lead to an increase of the family rent portion.

I/we declare under penalty of perjury that the information provided above is true and complete to the best of my/our knowledge.

Print Name

Social Security Number

Signature

Date

Acknowledgment by Head of Household below

Print Name

Social Security Number

Signature

Date