



Berkeley Housing Authority

1947 Center St. Berkeley, CA 94704
P. (510) 981-5470

AFFIDAVIT OF ZERO INCOME

I \_\_\_\_\_ [ ] Head of Household [ ] Adult Family Member

You must initial each box below and sign.

Table with 2 columns: Initial, Income Declarations. Rows include: I am not employed, and do not have any earned income; I do not receive any benefits from Social Security Administration; I do not receive any insurance or annuity payments; I do not receive any monies from self-employment; I do not have recurring income from recycling activities; I do not receive any 'County' benefits; I do not receive unemployment insurance benefits; I do not have any income from the sources identified above, or any other source.

I understand that if I start to receive any form of income, I am required to report it to the Berkeley Housing Authority (BHA) in writing within five (5) business days.

I further understand that failure to report any changes in my income in a timely manner may result in my family having to repay the Housing Authority for excess assistance received.

WARNING: it is a felony to knowingly and willfully make false statements.

I declare that all the information above about myself and my household is true and correct. I understand I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information. I also understand that all changes in the income of any household member as well as any changes in household membership must be reported to BHA in writing immediately.

Table with 3 columns: Signature, Date. Rows include: Signature, Acknowledged by BHA.

Head of Household \_\_\_\_\_