

Housing Authority of the City of Pittsburg

916 Cumberland Street, Pittsburg, CA 94565 ~Phone: (925)252-4830 ~ Fax: (925) 427-2715

Affidavit of Zero Income

Date: _____

Head of Household: _____

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

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 Pittsburg in writing within fourteen (14) days.

I understand that because I presently have no source of income, the Housing Authority of the City of Pittsburg 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 and perjury that the information provided above is true and complete to the best of my/our knowledge.

Print Name

Social Security Number

Signature

Date

Acknowledgement by Head of Household below

Print Name

Social Security Number

Signature

Date