



Housing Authority of the  
County of Alameda

22941 Atherton Street, Hayward, CA 94541-6633  
Tel. 510.538.8876 TDD 510.727.8551 Fax 510.537.8236 www.haca.net

**Affidavit of Zero or Unstable 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
- An other adult in the household

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 County of Alameda in writing within fourteen (14) working days.

I understand that because I presently have an unstable income or no source of income the Housing Authority of the County of Alameda may require an interim reexamination of income mont hly, quarterly, or bi annually. The results of the interim re examination may lead to an increase of the family rent share.

.....  
**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**

\_\_\_\_\_  
**Soc. Sec. No.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Acknowledgment by Head of Household below*

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Soc. Sec. No.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Original – File*

*Copy Family*