



City of Sunnyvale  
Housing Division  
456 W. Olive Avenue  
Sunnyvale, CA 94086  
Phone: 408-730-7250 | Fax: 408-737-4906

## AFFIDAVIT OF ZERO INCOME

To be completed by any adult household members with zero income.

1. I do not receive any income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
  - b. Income from operation of a business.
  - c. Rental income from real or personal property.
  - d. Interest or dividends from assets.
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
  - f. Unemployment or disability payments;
  - g. Public assistance payments.
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
  - i. Sales from self-employed resources.
  - j. Any other source not named above.
2. I have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I am not seeking employment or benefits because: \_\_\_\_\_  
\_\_\_\_\_
4. I will be using the following sources of funds to pay for housing and other necessities:  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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