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CITY OF  
TORRANCE

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HOUSING ASSISTANCE  
COMMUNITY DEVELOPMENT  
DEPARTMENT

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3031 Torrance Blvd · Torrance, California 90503 · Telephone (310) 618-5840 · Fax (310) 618-2429

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**ZERO INCOME DECLARATION**

The answers provided on this certification are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). **ANY** changes that take place after this certification has been submitted to the Torrance Housing Authority **MUST** be reported in **WRITING** within **TEN (10)** days of the event occurring. Failure to do so may constitute a violation of your obligations under the rental assistance program and result in program termination and/or criminal charges being filed against you.

1. I, \_\_\_\_\_, hereby certify that I do not receive 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 (TANF, TCA, GR, welfare, etc.);
  - 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 bills paid on my behalf, by ANYONE residing outside of my household**
  - k. ANY other source not named above.**
  
2. I certify that I currently 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 certify that I will be using the following sources of funds to pay for rent and other necessities:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

By signing this form, I certify under penalty of perjury that ALL of the information contained on this document is true and correct. I understand and acknowledge that making false statements on this document is a FELONY under Title 18, Section 1001 of the United States Code and state law.

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Print Name

Signature

Date

## Zero Income Affidavit

1.	Do you own a vehicle?	Yes	No	Monthly Car Payment     \$ _____ Monthly Auto Insurance     \$ _____ Monthly Gas Expense     \$ _____ Source of Income for car expenses
2.	Do you have internet at home?	Yes	No	How much do you spend? \$ _____ Source of income for payment of internet:
3.	Have you purchased any clothing for yourself or member of the household during the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for payment of clothing:
4.	Have you or a member of the household incurred any medical expenses in the past 30 days	Yes	No	How much do you spend? \$ _____ Source of income for medical expense:
5.	Do you have telephone service in your apartment? Do you have a cell phone?	Yes	No	Monthly telephone cost? \$ _____ Monthly cellphone cost? \$ _____ Source of income for payment:
6.	Do you subscribe to cable television?	Yes	No	Monthly cable TV cost? \$ _____ Source of income for payment of cable:
7.	Do you have any school age children?	Yes	No	How much did you spend in the past 30 days for school related costs \$ _____ Source of income:
8.	Do you or other household members receive cash contributions from sources or persons outside the household?	Yes	No	Monthly cash contribution \$ _____ Source of income:
9.	What was the total food cost for your family in the past 30 days     \$ _____			Source of income for food costs:
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, toilet, etc.? \$ _____			Source:
11.	What were your utility cost for the past 30 days?     \$ _____			Source of income for utility costs:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date