



City of Oakland

Finance Department, Revenue Management Bureau
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SPECIAL ASSESSMENT NO-INCOME AFFIDAVIT

Parcel Number	Address
	Oakland, CA 946 _____

Homeowner's Name	Mailing Address

Information on **OWNER** No-income Affidavit.

If the owner of the property did not receive any income during a tax year, fill out the owner section below.

If applicable, to be completed by **OWNER**

First Name	Last Name	Contact Info (Phone or Email)

I declare under penalty of perjury that I have not received any income during the tax years (s) _____.

Signature Date

Information on **HOUSEHOLD MEMBER** No-Income Affidavit.

All household members with no income must complete the No-Income Affidavit.

If the household member is under 18, a parent or legal guardian may sign on their behalf.

If the household member is age 26 or younger **and** is listed as a dependent on the homeowner's submitted tax return, then a No-Income Affidavit is not required.

If applicable, to be completed by **HOUSEHOLD MEMBER**

First Name	Last Name	Contact Info (Phone or Email)

I declare under penalty of perjury that I have not received any income during the tax years (s) _____.

Signature Date

Parent or Legal Guardian Signature Parent or Legal Guardian Relationship to Household Member