



City of Oakland

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

Parcel Number	Address
	Oakland, CA 946 _____

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**

Last Name	First Name	Middle Name	Phone Number

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.

If a household member is age 18 and over and has no income, a No-Income Affidavit must be included.

If a household member is age 26 or younger and is listed as a dependent on the individual tax return, a No-Income Affidavit does not need to be included.

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

Last Name	First Name	Middle Name	Phone Number

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

 Signature _____ Date