



212-615-8329
housing@recovery.nyc.gov
nyc.gov/builditback

F14: Affidavit of Zero Income

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do swear or affirm, under penalty of perjury that:

- 1. No one in my household currently receives 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 or gifts received from persons living in my household;
i) Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling);
j) Regular monetary gifts from family and/or friends;
k) Any other source not named above.
2. 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. The other members of my household, if any, currently have no income of any kind and there is no imminent change expected in my household members' financial status or employment status during the next 12 months.
4. I understand that it is my responsibility to report all changes to my household income in writing to within ten (10) business days of such change.

Signature

Sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public