



STATEMENT OF NO INCOME

I, _____, hereby state that:

- My household has applied to the Cambridge Housing Department to purchase or rent housing that was developed with federal, state or city funding, or under the Inclusionary Zoning Ordinance, reserved for the housing of low-moderate income households.
- I confirm that I presently have no income from employment, Social Security, investments, or any other source.
- My individual total income during _____ was \$ _____.
Last full year *Amount*

I understand that I may be subject to penalties, including disqualification from the City of Cambridge's affordable housing programs, if i knowingly provide false information in this Statement.

Signature

Date

Print Name

COMMONWEALTH OF MASSACHUSETTS

County _____

Date _____

Notary Public

My commission expires: