



CITY OF CAMBRIDGE
Community Development Department

IRAM FAROOQ
Assistant City Manager for
Community Development

STATEMENT OF NO INCOME

SANDRA CLARKE
Deputy Director
Chief of Administration

KHALIL MOGASSABI
Deputy Director
Chief of Planning

I, _____, hereby state that:

- My household has applied to the Cambridge Community Development Department, Housing Division 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

Please print Name

COMMONWEALTH OF MASSACHUSETTS

County _____

Date _____

,Notary Public

My Commission expires: