

**CITY OF BERKELEY  
RENT STABILIZATION BOARD  
2125 Milvia Street, Berkeley, CA 94704  
TEL: (510) 981-7368 (981-RENT) TDD: (510) 981-6903 FAX: (510) 981-4940  
E-MAIL: rent@ci.berkeley.ca.us INTERNET: www.ci.berkeley.ca.us/rent/**

**DECLARATION OF HOUSEHOLD INCOME**  
(for Historically Low Rent petitions only)

**Note:** This information is confidential and may be viewed only by rent board staff and your landlord. You are not required to send a copy of the Declaration of Household Income to your landlord; *your landlord may review the completed form in our files only after signing a confidentiality agreement.*

Property address: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Number of people in household: \_\_\_\_\_ Number of bedrooms in unit: \_\_\_\_\_  
 Household annual gross income: \$ \_\_\_\_\_  
 Is anyone in the household: Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ Over age 65? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has any household member between ages 18 and 65 been claimed as a dependent on the most recent tax return of a non-household member? Yes \_\_\_\_\_ No \_\_\_\_\_

Source of Income (attach documentation to verify the amounts reported.)	Income Amount
Wages, salaries and other monetary compensation for each wage earner in the household over age 18: Attach pay stubs or verification letter from employer.	
Business Income: Attach copies of account ledgers, tax returns or similar documents.	
Interest, dividends and royalties: Attach copies of checks or bank or stock statements.	
Social Security, retirement funds, pensions and annuities: Attach copies of checks or other verification.	
Unemployment, workers' compensation or other payment in lieu of earnings: Attach copies of checks or other verification.	
Social Security Disability Income (SSDI), Supplemental Security Income (SSI) or Welfare Assistance: Attach copies of checks or other verification.	

**THIS FORM MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD**

I declare under penalty of perjury of the laws of the State of California that the **above amounts constitute the total annual gross income received by all members of the household** over age 18.

1. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_
2. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_
3. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_
4. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_