



CITY OF  
**HAYWARD**  
HEART OF THE BAY

**AFFIDAVIT**

Date: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

1. Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

2. Names of adults living on premises: \_\_\_\_\_

\_\_\_\_\_

3. Are any of these persons related to you? \_\_\_\_\_

Relationship: \_\_\_\_\_

4. DECLARATION:

I/we attest the above person(s) does/do not pay any rent or other form of compensation to occupy these premises I further declare that I do not claim any expenses related to this property as a tax deduction on my personal income taxes.

NOTE TO OWNERS: Return completed form with a copy of a utility bill to:

City of Hayward  
Code Enforcement Division  
Rental Inspection Program  
777 B Street  
Hayward, CA 94541

**Utility bill must be in the name of the property owner to qualify for an exemption. Only single-family homes qualify for an exemption. If you qualify, the exemption will be effective for the calendar year.**

Property Owner(s) Signature: \_\_\_\_\_