

Owner Occupied Payment Agreement (OOPA) Zero Income Worksheet



This form is ONLY to be used if you have no monthly income.

1 Applicant Information

Applicant Name

OPA Account Number

2 Affirmation of Zero Income

I affirm that I have no income at this time. When my income commences, I will immediately notify the City of Philadelphia Department of Revenue.

The information I have provided is true and complete to the best of my knowledge.

Applicant's Signature

Date

Applicant's printed name

! Notice

Section 19-1305 of the Philadelphia Municipal Code states: No person shall intentionally make any false statement when applying to enter into an installment payment agreement. If it is determined that a taxpayer entered into an installment payment agreement on the basis of an intentionally false statement, the agreement shall be null and void.

✓ Attach completed form to your OOPA Application

Contact (215) 686-6442 with questions about this form.