

## AHP / DPP® Programs Certification of Tip Income

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please check as appropriate:

I certify that as a \_\_\_\_\_ (position) at \_\_\_\_\_ (employer):

☐ I do not directly or indirectly receive tip income.

☐ I received tip income, directly or indirectly, of \_\_\_\_\_ over the preceding  
\_\_\_\_\_ months.

☐ My tip income averages \_\_\_\_\_ per week.

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Federal Home Loan Bank of Chicago's Affordable Housing Program. I will fully cooperate with the Sponsor and/or Member to obtain or provide any necessary documents to confirm the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name