

## AHP / DPP® Programs Certification of Zero Income

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

I certify that I do not individually receive income or have not received income from any of the following sources outlined below for the period \_\_\_\_\_ through \_\_\_\_\_.

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Unemployment or disability payments;
- e. Public assistance payments;
- f. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- g. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- h. Veteran's benefits;
- i. Supplemental Security Income; and
- j. Any other source not named above.

Please check all that apply:

- ☐ There is no imminent change expected in my financial status or employment status during the next 12 months.
- ☐ I am currently looking for employment. I have been unemployed since \_\_\_\_\_.
- ☐ I filed for unemployment compensation on \_\_\_\_\_ and am awaiting a response. (The FHLBC will not finalize income eligibility until receipt of benefit statement.)
- ☐ I am currently a student. My expected graduation date is \_\_\_\_\_.
- ☐ I currently have an offer of employment. My start date is \_\_\_\_\_ and my pay rate is \$\_\_\_\_\_ per \_\_\_\_\_. (Please attach supporting offer letter/correspondence.)
- ☐ I am currently in an unpaid apprentice program. My expected completion date is \_\_\_\_\_.

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