FHLBank Chicago

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