FHLB Chicago
Federal Home Loan Bank of Chicago

AHP / DPP®
Household Member Questionnaire

Each owner, mortgagor, or household member 18 years of age or older must complete this form.

Household Member Information

Household Member Name:		Age:	Number of Household Members:
Marital Status: ☐ Married ☐ Separated ☐ Unmarried (includes Single, Divorced, Widowed)		Are you currently a student? ☐ Yes ☐ No	
The home being purchased will be used as my primary residence: ☐ Yes ☐ No		In the past 5 years, I received an AHP/DPP grant: ☐ Yes ☐ No	

* Are you a first-time homebuyer?
☐ Yes ☐ No ☐ n/a

* You are considered a first-time homebuyer if any of the following is true:
1) You have not owned a home during the three-year period prior to the purchase date, or
2) You are divorced, legally separated, or widowed and only owned a home with a (former) spouse, or
3) You owned a property that could not be brought into compliance with building codes for less than the cost of a permanent structure.

Employment Information

Are you currently employed?** ☐ Yes ☐ No		If unemployed, date of last position:	
If self-employed, name of business:		Date established:	
Do you have any pending employment/income changes? ☐ Yes ☐ No If yes, please explain below.			

	Employer Name***	Phone No.	Position	Start Date	Termination Date	Pay Frequency
1						
2						
3						

Other Income**	Periodic Payment Amount	Pay Frequency
☐ Unemployment		
☐ Social Security		
☐ Disability/Supplemental Income		
☐ Child Support		
☐ Alimony		
☐ Pension/Annuities		
☐ Rental Income		
☐ Other		

** If no income sources are disclosed above, a Certificate of Zero Income form MUST be completed.
*** If unemployed, most recent employer

Comments:

Certification: 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 further certify that all income of any kind is fully disclosed on this questionnaire, and will fully cooperate with the Sponsor and/or Member to obtain or provide any necessary income verifications or other documents to confirm the information provided.

Signature (REQUIRED): _____ Date: _____

Printed Name: _____