

Certification of Zero Income

HOMEOWNERSHIP INITIATIVES PROGRAMS



This form should be completed for any household member over the age of 18 that has zero income.

Household Name: _____

Property Street Address: _____

Property City, State, and Zip: _____

I, _____ hereby certify that I do not individually receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, pay in lieu of vacation or sick time, profit sharing, etc.);
2. Income from operation of a business;
3. Rental or royalty income from real or personal property, or gain from the sale of a property;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policy benefits, distributions from retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Severance pay;
8. Public assistance payments;
9. Periodic allowances such as alimony, child support, or regular periodic gifts received from persons not living in my household;
10. Veteran's benefits;
11. Gambling winnings;
12. Any other source not named above.

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining eligibility to receive assistance through the FHLBI Homeownership Initiatives Program. If requested, I will fully cooperate with any request to provide documents to verify the information provided within.

Signature

Printed Name

Date

FHLBI Member Institutions: This form must be attached to the initial submission in the .GIVES system along with all other income documentation for the household.