



Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any **Income** (as described below) in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my state Tax Return for this purpose.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips, bonuses, and profit sharing
- Net income from operation of a business or from rental or real personal property
- Interest, dividends, royalties, and other net income of any kind from real or personal property (including investments)
- Periodic payments received from Social Security, annuities, insurance policies, Black Lung Pension Disability Payments, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment compensation, worker’s compensation, severance pay, or strike benefits
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends
- Cashed out vacations or sick pay
- Installment payments, profit, or gain from the sale of any property
- Gambling winnings

My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance: _____

Date Received: _____

Source of Assistance/Name: _____

Utility Assistance: _____

Date Received: _____

Source of Assistance/Name: _____

Food Assistance: _____

Date Received: _____

Source of Assistance/Name: _____

Cash or Other Assistance: _____

Date Received: _____



Zero Income Affidavit

I have stated during this verification process that I have no **Income** (as described above) at this time. I have not received any Income since _____ (date). I do not expect to receive any income until _____ (date). I applied for _____ (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the FHLBI's AHP, HOP, NIP, AMP or DRP programs, and may be grounds for termination of benefits from the FHLBI.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: _____

Witness: _____

Date: _____

Date: _____