

ZERO INCOME AFFIDAVIT

(To be completed by adult household members only, if appropriate.)

Household Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

1. I, _____ hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, pay in lieu of vacation or sick time, profit sharing, etc.);
 - b. Income from operation of a business;
 - c. Rental or royalty income from real or personal property, or gain from the sale of a property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policy benefits, distributions from retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Severance pay;
 - h. Public assistance payments;
 - i. Periodic allowances such as alimony, child support, or regular periodic gifts received from persons not living in my household;
 - j. Veteran's benefits;
 - k. Gambling winnings;
 - l. Any other source not named above.

2. 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 Home Ownership Initiatives. If requested, I will fully cooperate with any request to provide documents to verify the information provided within.

Signature of Applicant

Printed Name of Applicant

Date