



Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: I do not currently receive any **Income** (as described below).

Income includes but is not limited to:

- The full amount (before any payroll deductions) of all wages and salaries, overtime pay, commissions, fees, tips, bonuses, allowances for housing, transportation, food, etc., cash compensation and other compensation for personal services
- The full amount of periodic payments (total gross payments) received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic payments
- Self-Employment Income
- Payments in lieu of earnings, such as unemployment or disability compensation, worker's compensation, and severance pay
- Public assistance payments
- Alimony/maintenance and child support payments
- All regular pay and allowances of a member of the Armed Forces
- The net income, salaries, and other amounts derived from operation of a business or profession
- 75% of any gross rental income from real property
- Income paid in cash that is reported to the IRS
- Income from assets and investments including interest, dividends, and other net income of any kind from real or personal property
- In general, withdrawals from investments will be treated as income only when the withdrawals are made on a regular basis, such as monthly, quarterly, semi-annually, or annually

My household living expenses have been met 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: _____



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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 Affordable Housing Program (AHP) 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: _____