



Certification of Zero Income

for the Homeownership Initiatives Programs: HOP, NIP, and AMP

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:

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

FHLBI Member Institutions: This form should be attached to the funding request in the .GIVES system

Eff. 9/2023