

# AFFORDABLE HOUSING PROGRAM (AHP) CERTIFICATION OF ZERO INCOME



Form is to be completed by each individual household member 18 and over who has no income

Household Member's Name: \_\_\_\_\_

1. I \_\_\_\_\_ certify that I do not individually receive income and have not received income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Unemployment or disability payments;
  - f. Public assistance payments;
  - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - h. Self-employed resources or contractor sources (e.g. side jobs, Uber, LYFT, Mary Kay, Social Media Influencer, Online Sales or E-Commerce, etc.),
  - i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits; j. Veteran's Benefits;
  - j. Supplemental Security Income
  
2. I \_\_\_\_\_ certify that there is no imminent change expected to my income or employment status at the time of closing
  
3. I \_\_\_\_\_ hereby certify that all information contained herein is true and correct. I understand that the failure to supply accurate information to FHLBank Atlanta or its member financial institution will result in the rejection or denial of the AHP application.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documentation is subject to penalties that may include fines, imprisonment, or both, under provisions of Title 18, United States Code, Sec. 1014.

Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_