AFFORDABLE HOUSING PROGRAM (AHP) CERTIFICATION OF ZERO INCOME

FHLBank ATLANTA
A FEDERAL HOME LOAN BANK

Form to be completed by all household members 18 and over who have no income

Applicant's name: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Person(s) certifying to zero income: _____

Both boxes must be checked to be acceptable:

☐ 1. I/we _____ certify that I/we 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.** Sales from self-employed resources (Avon, Mary Kay, Amway, etc.);
- **i.** Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- **j.** Veteran's Benefits;
- **k.** Supplemental Security Income

I **have been** offered/**promised** a job to start within the next twelve (12) months.

Start Date	Job Type	Hourly/Annual Earnings	Hours per week

☐ 2. I/we _____ , _____ certify that I/we do not receive income from any other sources that have not been otherwise listed above.

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.

_____ _____
Signature of person certifying to zero income Date

_____ _____
Signature of person certifying to zero income Date