



**Zero Income Certification**

ID: AHP/HDP-001

**Instructions:**

To be completed by an individual, eighteen (18) years and older, that is not receiving income and will be living in the subject property.

**Individual Information:**

Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Certification:**

I certify that I do not individually receive income or have not received income from any of the following sources outlined below for the below period:

\_\_\_\_\_ to \_\_\_\_\_

- 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. Unemployment or disability payments;
- e. Public assistance payments;
- f. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- g. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- h. Veteran's benefits;
- i. Supplemental Security Income; and
- j. Any other source not named above.

Please check all that apply:

- There is no imminent change expected in my financial status or employment status during the next 12 months.
- I am currently looking for employment. I have been unemployed since \_\_\_\_\_
- I am awaiting a response for unemployment compensation, which was filed on \_\_\_\_\_
- I am currently a student. My expected graduation date is \_\_\_\_\_
- I am currently in an unpaid apprentice program. My expected completion date is \_\_\_\_\_
- Other. Explain: \_\_\_\_\_

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining eligibility to receive assistance through the Federal Home Loan Bank of New York. I will fully cooperate with the Sponsor and/or Member to obtain or provide any necessary documents to confirm the information provided.

\_\_\_\_\_  
Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name