Federal Home Loan Bank
NEW YORK

ID: AHP/HDP - 001

ZERO INCOME CERTIFICATION

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 Code

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 period beginning _____.

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.

_____ _____ _____
Print Name Date Household Signature