

CERTIFICATE OF ZERO INCOME

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

I certify that I do not individually receive income or have not received income from any of the following sources outlined below for the dates _____ through _____.

- 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 Social 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 filed for unemployment compensation on _____ and am awaiting a response. (The FHLBDM will not finalize income eligibility until receipt of benefit statement.)
- ☐ I am currently a student. My expected graduation date is _____
- ☐ I currently have an offer of employment. My start date is _____. My pay rate is \$_____ per _____. (Please attach offer letter/correspondence.)
- ☐ I am currently in an unpaid apprentice program. My expected completion date _____

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.

Signature

Date

Print Name