

AHP / DPP® Household Member Questionnaire

Each owner, mortgagor, or household member 18 years of age or older must complete this form.

Household Member Information										
Househ	old Member Name:	Age			Number of Household Members:					
Marital S	Status: Married	Separate	ed Unmarried	d (includes Single, Widowed)	Divorced,		Are you	currently a studen	nt? Yes	No
The home being purchased will be used as my primary residence: Yes No										
* Are you a first-time homebuyer? * You are considered a first-time homebuyer if any of the following is true: 1) You have not owned a home during the three-year period prior to the purchase date, or Yes No n/a 2) You are divorced, separated, or widowed and only owned a home with a (former) spouse, or 3) You owned a property that could not be brought into compliance with building codes for less than the cost of a permanent structure.										
Employment Information										
Are you	currently employed?	es No	If unemployed, date of last position:							
If self-employed, name of business:				Date established:						
Do you have any pending employment/income change				es? Yes No If yes, please explain below.						
	Employer Name**	* *	Phone No.	Positi	on	S+	art Dat	Termination Date	Pay Freque	ancv
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2						-				Ť
3										
Other Income** Periodic Payment Amount Pay Frequency										
Unemployment										
Social Security										
Disability/Supplemental Income										
Chi	ld Support									
Alimony										
Pension/Annuities										
Rental Income										
Other										
** If no income sources are disclosed above, a Certificate of Zero Income form MUST be completed. *** If unemployed, most recent employer										
Comments:										
Certification: 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 whether my household is eligible to receive assistance through the Federal Home Loan Bank of Chicago's Affordable Housing Program. I further certify that all income of any kind is fully disclosed on this questionnaire, and will fully cooperate with the Sponsor and/or Member to obtain or provide any necessary income verifications or other documents to confirm the information provided.										
Signature (REQUIRED):				Date:						
Printed	Name:									