

## First Time Home Buyer (FTHB) Program

Down Payment (DPA) & Closing Cost Assistance Soft Second Mortgage - Forgivable After 10 Years HOME Investment Partnerships Program

## **Certification of Zero Income for Adult**

(To be signed by adult household member only)

Household Member Name: \_\_\_\_\_

certify	y the fol	llowing:			
1.	1. I am currently unemployed and am not receiving income (earned or unearned).				
<ul> <li>2. I do NOT receive income from any of the following sources: <ul> <li>a. Wages from employment (including commissions, tips, bonuses, fees, etc.);</li> <li>b. Income from the operation of a business;</li> <li>c. Rental income from real or personal property;</li> <li>d. Unemployment or disability payments;</li> <li>e. Public assistance payments;</li> <li>f. Periodic allowances such as alimony or child support;</li> <li>g. Social Security payments, annuities, insurance policies, retirement funds, pension, or death benefits;</li> <li>h. Veteran's Benefits;</li> <li>i. Supplemental Security Income;</li> <li>j. Contracted income (Uber, LYFT, Door Dash, Grub Hub, etc.);</li> <li>k. Regular payments (employment and non-employment) received through payment services (Venmo, Cash App, etc.);</li> <li>l. Any other source not named above.</li> </ul> </li> <li>Under penalty of perjury, I certify the information presented above is true and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining my household's eligibility to receive assistance through the FTHB HOME program. I will cooperate fully with the lender or KHRC, as applicable, to provide or obtain any</li> </ul>					
necessary documents to confirm the information I have provided.  There is no imminent change expected in my income during the next 12 months.					
		signature:	ig the next 12 months.		
			_		
Household Member Signature			ate		