



**FHLBank**  
Chicago

## AHP / DPP® Household Member Questionnaire

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

### Household Member Information

|   |   |  |
|---|---|--|
| Household Member Name: <input style="width: 90%;" type="text"/>   | Age: <input style="width: 20px;" type="text"/>  | Number of Household Members: <input style="width: 20px;" type="text"/> |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes Single, Divorced, Widowed)   | Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| The home being purchased will be used as my primary residence: <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| <p>* Are you a first-time homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p> <p>* You are considered a first-time homebuyer if any of the following is true:</p> <p>1) You have not owned a home during the three-year period prior to the purchase date, or</p> <p>2) You are divorced, separated, or widowed and only owned a home with a (former) spouse, or</p> <p>3) You owned a property that could not be brought into compliance with building codes for less than the cost of a permanent structure.</p> |   |  |

### Employment Information

|   |  |
|---|--|
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  | If unemployed, date of last position: <input style="width: 80%;" type="text"/> |
| If self-employed, name of business: <input style="width: 80%;" type="text"/>  |  |
| Date established: <input style="width: 150px;" type="text"/>  |  |
| Do you have any pending employment/income changes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. |  |

| # | Employer Name***                         | Phone No.                                 | Position                                 | Start Date                                | Termination Date                          | Pay Frequency                             |
|---|--|---|--|---|---|---|
| 1 | <input style="width: 95%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 2 | <input style="width: 95%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 3 | <input style="width: 95%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

| Other Income**  | Periodic Payment Amount                  | Pay Frequency                             |
|---|--|---|
| <input type="checkbox"/> Unemployment                                     | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Social Security                                  | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Disability/Supplemental Income                   | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Child Support                                    | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Alimony  | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Pension/Annuities                                | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Rental Income                                    | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 100%;" type="text"/> |

\*\* 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: \_\_\_\_\_