



Zero Income Affidavit Household Member

I, _____, (the "Applicant") desire to participate in Indiana's Individual Development Account Program ("IDA Program") administered by the Indiana Housing and Community Development Authority ("IHCDA").

I, _____, (household member name) **an adult household member**, who resides with the Applicant, have stated during the application process that I am unemployed and/or am a full-time student and have no income at this time. I have not received any income since _____.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Net income from operation of a business or profession or from rental of real or personal property;
- Interest, dividends and other net income of any kind from real or personal property;
- Periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of period receipts;
- Lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (c)(14));
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (except as provided in 24 CFR 5.609 (c)(3));
- Public assistance, as outlined in 24 CFR 5.609 (b)(6), except as provided in 24 CFR 5.609 (c);
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling (whether through the court system or not);
- Regular pay, special pay and allowances of a member of the Armed Forces (except as provided in 24 CFR 5.609 (c)(7));
- For Section 8 programs and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children.

I understand that, as the Applicant, any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participating in the IDA Program and/or may result in the me (the Applicant), having to return any assistance received from IHCDA.

I certify under the penalties for perjury and fraud that the information provided above in this Zero Income Affidavit is true and accurate.

18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, that in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Applicant Signature

Date

Household Member Signature

Date