



Affordable Housing Program and Down Payment Products Household Member Questionnaire

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

Household Member Information

Household member name:	Age:	Total number of household members, including yourself:
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	
Are you a first-time homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		
<p>You are considered a first-time homebuyer if any of the following is true:</p> <ul style="list-style-type: none"> - You as an individual or your spouse, have not owned a home during the prior 3-year period. - You were a displaced homemaker or single parent and previously owned a home with or resided in a home owned by your spouse. - Currently own or owned a home during prior 3-year period, but the dwelling is (a) not in compliance with State, local, or model building codes, or other applicable codes, and cannot be brought into compliance for less than the cost of constructing a permanent structure; or (b) a mobile home that is not attached to a permanent foundation and is not considered real estate by the state. 		

Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If unemployed, date of last position:
If self-employed, name of business:	Date established:
Is your employment subject to a contract (i.e., teachers) or seasonal work (i.e., work only certain times of the year and/or have periods of layoff)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain in comment section below.	

	Current Employer Name <small>List all employment even if sporadic or part-time</small>	Position	Start Date	Pay Frequency <small>(Weekly, every two weeks, twice a month, monthly)</small>
1				
2				
3				

Other Income	Payment Amount	Pay Frequency <small>(Weekly, every two weeks, twice a month, monthly)</small>
<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Social Security/Disability/Supplemental *		
<input type="checkbox"/> PFD - Alaska Residents *		
<input type="checkbox"/> Tribal Dividends, Capital/Share Distributions		
<input type="checkbox"/> Pension/Annuities		
<input type="checkbox"/> Rental Income		
<input type="checkbox"/> Interest/Dividend/Capital Gains - last two years		
<input type="checkbox"/> Other: _____		

* Include payment for minors

Comments:

Certification (REQUIRED): 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 Des Moines 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 verification or other documents to confirm the information provided.

Signature: _____ Date: _____

Printed Name: _____