

MPF Xtra[®] 3D
Household Member Questionnaire



Complete this questionnaire for each household member, 18 years of age or older

Household Member Information

Household Member Name: Age:

Are you currently a student? Yes No If student, anticipated graduation date:

Marital Status Married Unmarried (include single, divorced, widowed) Separated

Zero Income Certification

I certify that I do not individually receive income from wages from employment, income from operation of a business, rental income, unemployment or disability payments, public assistance payments or any other income source.

Employment Information

Employment Description

	Position 1 <input type="checkbox"/> Self Employed	Position 2 <input type="checkbox"/> Self Employed	Position 3 <input type="checkbox"/> Self Employed
Name of Employer			
Start Date			
Position/Type of Business			
Business Phone (inc. area code)			

Annualized Income

Gross Annualized Income	Position 1	Position 2	Position 3
Base Employment Income	\$	\$	\$
Overtime			
Bonus			
Commissions			
Other:			
Total Employment Income	\$	\$	\$

*Self Employed Household Member(s) may be required to provide additional documentation such as tax returns and financial statements.

Explain how income was calculated below:

Other Annualized Income Information

Gross Annualized Income	Periodic Payment Amount	Pay Frequency	Annualized Pay Equivalent
Dividends/Interest			
Rental income			
Pension/Annuities			
Social Security			
Disability/Supplemental Income			
Child Support/Alimony			
Other:			
Total Other Income			\$

Explain how income was calculated below:

Total Household Member Income

Total Household Member Annualized Income:

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 for the "MPF Xtra 3D" down payment assistance under the MPF Program. I further certify that all income of any kind is fully disclosed on this questionnaire, and will fully cooperate with the Lender and/or MPF Program to obtain or provide any necessary income verifications or other documents to confirm the information provided.

Household Member/Authorized Signer: _____ Printed Name: _____ Date: _____

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