

**AHP OWNER-OCCUPIED REHAB
DISBURSEMENT REQUEST
Effective January 1, 2016**



Homeowner Name:			
Homeowner Address:	In a QCT? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Member Name:			
Sponsor Name:			
Project Number:			
Total Initially Awarded:	\$	Final Amount Requested:	\$

Refer to the AHP Owner-occupied Rehab Disbursement Manual for acceptable forms of required documentation. Documents that do not meet FHLB’s requirements as listed in the manual will be required to be amended prior to disbursement of AHP funds. Pre-approvals of individual households are **REQUIRED** prior to submission of this form.

Required Documents:	Already on file	Enclosed	N/A
1. Executed copies of the following documents with original signatures: a. Direct Subsidy Agreement (between the Member and FHLB) b. Affordable Housing Program Agreement	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
2. Date of disbursement training completion: ____/____/____		←	
3. Evidence that the household attended homeownership counseling		<input type="checkbox"/>	<input type="checkbox"/>
4. Verification that the Sponsor completed the following commitments made in the approved AHP application, if applicable: a. Marketing/outreach, pre-development activities, and/or construction/rehabilitation activities via a completed and executed AHP Sponsor Commitment Verification Form b. Sponsor cash contribution	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Verification that the following services to which the approved AHP application committed were provided, if applicable: a. Homeowners club or association with policies and procedures b. Empowerment activities, such as budgeting/credit counseling, education services, employment training, etc. c. 8 hours of landscaping labor from a community organization d. 40 hours of construction labor from a community organization e. Donation of at least \$500 in goods/services f. Fee waiver from the local government of at least \$500	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Work order that indicates the work to be completed (preferably FHLB’s “Pre-Rehabilitation Inspection” form)		<input type="checkbox"/>	
7. Final Rehab Attachment A (with Labor Breakdown, if applicable) or Attachment D with Detailed Cost Breakdown if the Sponsor made a loan to the household		<input type="checkbox"/>	



Required Documents:	Already on file	Enclosed	N/A
8. Construction contracts, change orders, invoices, or receipts for ALL costs shown on Rehab Attachment A/D except for developer fee		<input type="checkbox"/>	
9. Verification signed by the homeowner(s) and a third-party inspector confirming that the work on the home is complete (preferably using FHLB's "Post-Rehabilitation Inspection" form)		<input type="checkbox"/>	
10. Evidence of funding sources besides AHP shown on the approved AHP application or Rehab Attachment A/D, including copies of all executed grant agreements and notes/mortgages (deeds of trust)	<input type="checkbox"/>	<input type="checkbox"/>	
11. Warranty deed evidencing that property is in homeowner's name	<input type="checkbox"/>	<input type="checkbox"/>	
12. Verification that the property is subject to the <i>most current</i> version of the FHLB retention language		<input type="checkbox"/>	
13. Evidence that the project meets the following Member commitments as indicated in the approved AHP application, if applicable:			
a. Bridge or construction loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permanent loan		<input type="checkbox"/>	<input type="checkbox"/>
c. Below-market rate on the permanent, construction, or bridge loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cash contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Servicing of homeowners' loans originated by Sponsor at no cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorized Signatures and Contact Information:

The individuals signing this request certify that they are authorized to make such requests and representations contained herein on behalf of the project Member and Sponsor identified and have read and understand the requirements for the program mentioned in the AHP Owner-occupied Rehab Disbursement Manual. The Sponsor and Member further certify that they have taken the steps necessary to determine that the information provided is true and accurate, that they are not requesting reimbursement for costs that FHLB deems ineligible, and that they understand that the FHLB of Cincinnati has a duty to invoke sanctions pursuant to the Federal Housing Finance Agency's Affordable Housing Program regulation in the event of non-compliance with the terms of the approved AHP application and any subsequent modifications as approved by the FHLB of Cincinnati. Any changes to the project that may affect scoring criteria or feasibility must be reported to and approved by the FHLB.

MEMBER REPRESENTATIVE

Printed Name:	Telephone Number:
Title:	E-mail:
Signature:	Date:

SPONSOR REPRESENTATIVE

Printed Name:	Telephone Number:
Title:	E-mail:
Signature:	Date: