

Effective August 1, 2016
AHP RENTAL DISBURSEMENT REQUEST



Project Name:			
Project Address(es):			
Member Name:			
Sponsor Name:			
Project Number:			
Total Initially Awarded:	\$	Final Amount Requested:	\$

Refer to the AHP Rental 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 or replaced prior to disbursement of AHP funds.

Required Documents:	Already on file	Enclosed	N/A
1. Dates of disbursement training completion: Documentation Details Webinar/Live Training: ____/____/____ Attachments/Financials Webinar/Live Training: ____/____/____		←	
2. Evidence of completion (Certificate of Occupancy et al.)		<input type="checkbox"/>	
3. Completed and executed AHP Sponsor Commitment Verification form (available at www.fhlbcin.com)		<input type="checkbox"/>	<input type="checkbox"/>
4. Financial documentation a. Cost certification executed by an independent auditor that documents all expended project costs OR a list of all development costs to the project along with the invoices and receipts to support the list (a cost certification but no invoices/receipts is required if the project has more than 50 receipts/invoices to submit) b. List of all permanent development funding sources with Sponsor and Member contributions that matches the sum of project costs c. Construction contract with all change orders, signed by all parties d. A current occupancy report for the project in FHLB’s format e. A current, itemized 15-year operating budget for the project (FHLB’s Attachment C)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Do the project’s financials meet the FHLB feasibility guidelines that were in place at the time the AHP project was approved/modified? Yes <input type="checkbox"/> No <input type="checkbox"/> If “No,” provide justification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any costs that FHLB deems ineligible included on the cost certification/cost listing? Does the project contain non-residential costs or commercial costs? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes,” provide a list of such costs, the amount of each, and evidence that another of the project’s funding sources is willing to pay for these costs.		<input type="checkbox"/>	<input type="checkbox"/>



Required Documents:	Already on file	Enclosed	N/A
7. Property acquisition information Did the Sponsor/owner pay a different amount for any portion of the project property than what was documented in the approved AHP application? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes,” provide the following: a. Verification of property acquisition cost paid by Sponsor/owner b. Appraisal or Property Value Assessment dated within six months of the date the Sponsor/owner acquired the property	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8. Evidence of ALL funding sources shown on the list provided for item #4b above, including copies of all executed grant agreements, notes and mortgages (deeds of trust), etc.	<input type="checkbox"/>	<input type="checkbox"/>	
9. If the approved AHP application indicates the project has a social service or commercial component, provide a current breakdown of the social service or commercial income sources and expenses.		<input type="checkbox"/>	<input type="checkbox"/>
10. If the project will receive project-based rental subsidies, provide a current, fully executed rental subsidy agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If the project will receive operating subsidies aside from project-based vouchers, provide a current operating subsidy agreement signed by the entity providing the subsidy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If the project was approved with over 50% of the units targeted to homeless households or those with special needs and it is not receiving rental or operating subsidy, explain how the tenants will be able to pay their rent. If fundraising will be used to cover rents, submit the two previous years’ audited financial statements from the organization providing the subsidy and a resolution from the organization’s Board of Directors indicating the organization’s willingness to cover the rent payments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Blank copies of the following forms that meet the FHLB’s requirements that the project will use during regular operations: a. Housing intake/tenant application form b. Lease or rental agreement (not applicable to shelter projects)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
14. Evidence that the project meets the following commitments as made in the approved AHP application, if applicable: a. Tenant on the Sponsor’s Board of Directors b. 8 hours of voluntary landscaping labor from a community organization c. 40 hours of voluntary construction labor from a community organization d. Donation of at least \$500 in goods/services e. Fee waiver from the local government of at least \$500 f. Energy-efficient new construction		<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"/>
15. Recorded warranty deed evidencing that the property is in the name of the Sponsor/owner <i>or</i> a copy of the project’s lease that transfers the rights to the property to the project Sponsor/owner	<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 Rental 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 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:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:
Signature:	Date:

SPONSOR REPRESENTATIVE:

Printed Name:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:
Signature:	Date:

OWNER REPRESENTATIVE: If the Sponsor is the Owner, check this box:

Printed Name:	Owner Name:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:

MANAGEMENT CONTACT: If the Sponsor is the Manager, check this box:

Printed Name:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number: