

Carol M. Peterson Housing Fund Sponsor Capacity Form

(This form must be submitted at least two business days before the Carol M. Peterson Housing Fund opening date.)

Sponsor Organization Name: _____

Sponsor Contact Name: _____ Title: _____

Mailing Address: _____

Phone number: _____ Email Address: _____

Please provide the information requested below and include sufficient detail to demonstrate your qualifications and experience.

1. Attach a copy of your organization’s “IRS Documentation of Status” letter. The letter should refer to the organization identified as the Sponsor for this application and should not have expired.
2. Identify the FHLB Member with which you will be partnering. Include the contact person’s name and email address.

3. Describe how you will identify and verify income eligible households.



4. Describe what documentation you will collect to verify special needs or elderly households.

5. If your organization will be performing or managing the accessibility rehabilitation or emergency repairs, briefly describe your relevant experience. Include details about the number of jobs you have completed in the last three years and how you were funded.

6. What counties do you serve?

I certify that I am a duly authorized officer or representative of the Sponsor listed above and the information provided herein is true, accurate, and complete.

Signature of Executive Director or Board Chair

Date