

# AHP Project Modification Request

Project Number:

Project Name:

Member Name:

Sponsor Name:

Current Project Status:     Prior to Project Completion                       Completed Project

Select the change(s) being made to the project from the categories below. Select all that apply. For any change not listed, mark the “Other” category.

## Modification to Project Contact Information

	<b>From:</b>	<b>To:</b>
<input type="checkbox"/> Project Name/Ownership Entity	_____	_____
<input type="checkbox"/> Project Location	_____	_____
<input type="checkbox"/> Project Member	_____	_____
<input type="checkbox"/> Sponsor Organization Name Change	_____	_____

## Modification to Project Commitments

<input type="checkbox"/> Income Targeting	_____	_____
<input type="checkbox"/> Homeless Households	_____	_____
<input type="checkbox"/> Special Needs Households	_____	_____
<input type="checkbox"/> First Time Homebuyer	_____	_____
<input type="checkbox"/> Donated or Vacant/Foreclosed Units	_____	_____
<input type="checkbox"/> Total Units or Rehabbed Units	_____	_____
<input type="checkbox"/> Energy Efficient Units	_____	_____
<input type="checkbox"/> Member Participation ( <i>loan, cash contribution</i> )	_____	_____
<input type="checkbox"/> Other	_____	_____

## Modification to Project Financials

Required for changes in the project’s development or financial structure, e.g. major changes in total project costs, funding sources, or operating income or expenses that cause the project to fall outside the feasibility parameters under which it was approved.

*An updated AHP Development Budget and AHP Operating Budget or proforma must be submitted for any modification to project financials.*

<input type="checkbox"/> Tax Credit Status	_____	_____
<input type="checkbox"/> Development Costs	_____	_____
<input type="checkbox"/> Operating Income and/or Expenses	_____	_____
<input type="checkbox"/> Other	_____	_____

**Submit a written statement, along with this form, that explains why the changes identified above are needed and what steps were taken to prohibit or resolve the issues causing the need for changes prior to submitting a modification request.** Submit all information to [AHPDisbursement@fhlbcin.com](mailto:AHPDisbursement@fhlbcin.com).

The FHLB will review the request and determine if a modification is necessary, is consistent with the AHP Regulation and FHLB policy, and if the score (as modified) is high enough to have been approved in the funding period in which it was originally awarded.

**Certification:**

All parties hereby certify that the undersigned are authorized to make, and makes, the following acknowledgements and certifications: (1) All statements and information provided herein or herewith are true and accurate; (2) If any such statement or information is materially untrue or inaccurate then the Member and/or Sponsor may forfeit the AHP Subsidy or be required to repay the full disbursed AHP Subsidy amount to the Federal Home Loan Bank of Cincinnati (the "FHLB"); and, (3) The Member and Sponsor acknowledge and understand their continuing obligations regarding the above-listed project as outlined in the executed AHP Agreement and approved AHP application, and as further described in the AHP governing regulations and policies of the FHLB.

**Agreed to and Accepted:**

PRIMARY MEMBER

PRIMARY OWNER/SPONSOR

Printed Name: <input type="text"/>	Printed Name: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>
Signature:	Signature:

SECONDARY MEMBER *(if applicable)*

SECONDARY OWNER/SPONSOR *(if applicable)*

Printed Name: <input type="text"/>	Printed Name: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>
Signature:	Signature: