

# AHP Early Disbursement Request

## Rental Projects Only

### Effective January 1, 2019

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

\*NOTE: Early grant disbursement requests are limited to 25% of the total grant initially awarded.

Refer to the AHP Early Disbursement Manual for acceptable forms of required documentation. Documents that do not meet FHLB requirements as listed in the manual will require amendment prior to disbursement of AHP funds, if viable, or will result in denial of the disbursement request.

Required Documents:	Already on file	Enclosed	N/A
1. Project dates: a. Construction loan closing: ____/____/____ b. Issuance of work permits: ____/____/____		←	
2. Date of disbursement training completion: ____/____/____		←	
3. Proof that ALL funding sources aside from tax credits and cash contributions have been committed to the project via copies of executed grant agreements, notes and mortgages, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verification of Sponsor's ownership/leasehold interest	<input type="checkbox"/>	<input type="checkbox"/>	
5. Executed construction contract that includes a scope of work if the Sponsor is not the general contractor		<input type="checkbox"/>	<input type="checkbox"/>
6. For tax credit projects only: a. Evidence of the firm commitment from the tax credit allocating agency b. Executed copy of the partnership/operating agreement	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Has the projected total project cost or operating net cash flow changed more than 10%, or has the project's financial structure changed from the approved AHP application? Yes <input type="checkbox"/> No <input type="checkbox"/>  If "Yes," submit the following: i. Updated AHP Development Budget ii. Updated AHP Operating Budget		<input type="checkbox"/> <input type="checkbox"/>	No change <input type="checkbox"/> <input type="checkbox"/>

Required Documents:	Already on file	Enclosed	N/A
<p>8. Have any of the following project characteristics changed?                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If “Yes,” check all that apply:</p> <p><input type="checkbox"/> Sponsor or Member role</p> <p><input type="checkbox"/> Project targeting (income, special needs, homeless, etc.)</p> <p><input type="checkbox"/> Number of units or unit mix</p> <p><input type="checkbox"/> Project location</p> <p><input type="checkbox"/> Any other material change</p> <p>If “Yes,” provide an explanation of the change(s) along with a completed copy of the AHP Modification Request Form located at <a href="http://www.fhlbcin.com">www.fhlbcin.com</a>).</p>		<input type="checkbox"/>	No change  <input type="checkbox"/>

**Authorized Signatures:**

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 Early Disbursement Manual. The Sponsor and Member further certify that they have taken the steps necessary to determine that the information provided herein is true and accurate, that they are not requesting reimbursement for costs that FHLB deems ineligible, and they understand that FHLB has a duty to invoke sanctions pursuant to the Federal Housing Finance Agency’s AHP regulation in the event of noncompliance with the terms of the approved AHP application and any subsequent modifications approved by FHLB. Any changes to the project that may affect scoring criteria or feasibility must be reported to and approved by FHLB.

By signing below, you agree that the project will be subject to a deed restriction that will be submitted with the final disbursement request and that will meet the requirements of the AHP regulation.

**MEMBER REPRESENTATIVE**

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

**SPONSOR REPRESENTATIVE**

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