

AHP Owner-Occupied Rehab Disbursement Request Form

Effective January 1, 2019

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. Date of disbursement training completion: ____/____/____		←	
2. Evidence that the household attended homeownership counseling		<input type="checkbox"/>	<input type="checkbox"/>
3. Verification that the Sponsor completed the following commitments made in the approved AHP application, if applicable:			
a. Marketing/outreach, pre-development activities, construction/rehabilitation activities, credit counseling/ budgeting, daycare services, education services, and/or employment training/ skills via a completed and executed AHP Sponsor Commitment Verification Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sponsor cash contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verification that the following services to which the approved AHP application committed were provided, if applicable:			
a. 8 hours of landscaping labor from a community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Donation of at least \$500 in goods/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fee waiver from the local government of at least \$500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work order that indicates the work to be completed using FHLB's Pre-Rehabilitation Inspection form		<input type="checkbox"/>	
6. Final AHP Owner-occupied Rehab Development Budget or AHP Habitat Development Budget if the Sponsor made a loan to the household		<input type="checkbox"/>	
7. Verification signed by the homeowner(s) and a third-party inspector confirming that the work on the home is complete using FHLB's Post-Rehabilitation Inspection form		<input type="checkbox"/>	

Required Documents:	Already on file	Enclosed	N/A
8. Evidence of funding sources besides AHP shown on the approved AHP application or AHP Owner-occupied Rehab Development Budget or AHP Habitat Development Budget, including copies of all executed grant agreements and notes/mortgages (deeds of trust)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Deed evidencing that property is in homeowner's name		<input type="checkbox"/>	
10. 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"/>	<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:	Phone Number:
Title:	E-mail:
Signature:	Date:

SPONSOR REPRESENTATIVE

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