

# AHP Pre-approval Request

## Effective May 1, 2019

Homebuyer/Owner Name:		
Homebuyer/Owner Address:		
County/State for Address:		FFIEC for Address Enclosed: <input type="checkbox"/>
Member Name:		
Sponsor Name:		
Project Number:		

Refer to the AHP Pre-approval Manual for acceptable forms of required documentation.

Required Documents:	Enclosed	N/A
1. Date of training completion for pre-approvals: ____/____/____	←	
2. Homebuyer/owner information that must be dated within 180 days of submission:		
a. Executed and dated intake form or loan application	<input type="checkbox"/>	
b. Documentation of AHP-assisted household size, if not stated on the intake form or loan application	<input type="checkbox"/>	<input type="checkbox"/>
c. Third-party verification for all income sources for all household members	<input type="checkbox"/>	
d. Enter Total Household Income	\$ _____	
e. Enter the Household Income as a Percent of AMI	_____ %	
3. Evidence that household meets the following commitments made in the approved AHP application; must be dated within 180 days of submission, if applicable:		
a. First-time homebuyer	<input type="checkbox"/>	<input type="checkbox"/>
b. Homeless household meeting the FHLB's definition	<input type="checkbox"/>	<input type="checkbox"/>
c. Elderly household meeting the FHLB's definition	<input type="checkbox"/>	<input type="checkbox"/>
d. Household with special needs meeting the FHLB's definition	<input type="checkbox"/>	<input type="checkbox"/>
4. Anticipated mortgage information for all hard debt:		
a. Loan principal(s)	<input type="checkbox"/>	<input type="checkbox"/>
b. Loan term(s)	<input type="checkbox"/>	<input type="checkbox"/>
c. Interest rate(s)	<input type="checkbox"/>	<input type="checkbox"/>
d. Amounts for other predetermined housing costs (insurance, taxes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

### Authorized Signatures and Contact Information:

The individual signing this request certify that they have read and understand the requirements for the program mentioned in the AHP Pre-approval Manual. **The Sponsor also certifies that they have taken the steps necessary to determine that the information provided is true and accurate and that the third-party documentation is dated within 180 days of this submission.** Any changes to the project that may affect scoring or feasibility must be reported to and approved by the FHLB.

### SPONSOR CONTACT

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