

AHP Owner-Occupied Rehab Disbursement Request

Effective January 1, 2021

Homeowner Name:			
Address of Subject Property:			
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. Sponsors must submit a pre-approval request at the same time as the disbursement request for each household.

Required Documents:	Already on file	Enclosed	N/A
1. The Sponsor certifies they have completed disbursement training: Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Has this household already been pre-approved by FHLB? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes,” skip to #6. If “No,” go to #3.			
3. Completed General Information and Income Calculation pages from the FHLB Income and Affordability Workbook.		<input type="checkbox"/>	
4. Homebuyer/owner information dated from the application year: a. Executed and dated intake form or loan application b. Documentation of AHP-assisted household size, if not stated on the intake form or loan application c. Third-party verification for all income sources for all household members		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5. Evidence dated from the application year showing the household meets the commitments made in the approved AHP application, if applicable: a. Elderly household meeting the FHLB’s definition b. Household with special needs meeting the FHLB’s definition		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Evidence the household attended homeownership counseling.		<input type="checkbox"/>	<input type="checkbox"/>
7. Verification the services committed in the approved AHP application were completed, if applicable: a. 8 hours of landscaping labor from a community organization b. Donation of at least \$500 in goods/services c. Fee waiver from the local government of at least \$500	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Required Documents:	Already on file	Enclosed	N/A																																				
8. Verification the Sponsor completed the commitments made in the approved AHP application, if applicable: <ol style="list-style-type: none"> 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 Sponsor cash contribution 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																																				
9. FHLB’s fully executed Pre-Rehabilitation Inspection form indicating the work to be completed.		<input type="checkbox"/>																																					
10. Final AHP Owner-occupied Rehab Development Budget or AHP Habitat Development Budget, if the Sponsor made a loan to the household.		<input type="checkbox"/>																																					
11. FHLB’s fully executed Post- Rehabilitation Inspection form confirming the work on the home is complete, along with a copy of the inspector’s license.		<input type="checkbox"/>																																					
12. Evidence of ALL funding sources shown in the approved AHP application and those listed on the 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"/>																																					
13. Deed showing the property is in the homeowner’s name.		<input type="checkbox"/>																																					
14. Evidence the following Member commitments were met as indicated in the approved AHP application, if applicable: <ol style="list-style-type: none"> Bridge or construction loan Permanent loan Below-market rate on the permanent, construction, or bridge loan Cash contribution Servicing of homeowners’ loans originated by Sponsor at no cost 	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> </table>													<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> </table>													<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> </table>												
15. Property location information: <ol style="list-style-type: none"> Is the property located in a Qualified Census Tract? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the property located in a census tract with an Average Income Factor as approved in the application? Yes <input type="checkbox"/> No <input type="checkbox"/> 																																							



Authorized Signatures and Contact Information:

The individual signing this request certify that they are authorized to make such requests and representations contained herein on behalf of the project Sponsor identified and have read and understand the requirements for the program mentioned in the AHP Owner-occupied Rehab Disbursement Manual. The Sponsor further certifies they have taken the steps necessary to determine that the information provided is true and accurate, they are not requesting reimbursement for costs that FHLB deems ineligible, and 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.

As the project Sponsor, I hereby certify that our organization meets the project sponsor qualifications criteria established by the FHLB and has not engaged in, and is not engaging in, fraud, embezzlement, theft, conversion, forgery, bribery, perjury, making false statements or claims, tax evasion, obstruction of justice, or any similar offense, in each case in connection with a mortgage, mortgage business, mortgage securities or other lending product.(FHFA’s Suspended Counterparty Program regulation 12 CFR part 1227).

SPONSOR REPRESENTATIVE:

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