

AHP Rental Disbursement Request

Effective January 1, 2021

Project Name:			
Project Address(es):			
Primary Member Name:			
Secondary Member Name:			
Sponsor Name:			
Project Number:			
Total Initially Awarded:	\$	Final Amount Requested:	\$
Primary Member Draw:	\$	Secondary Member Draw:	\$

Refer to the AHP Rental 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 or replaced prior to disbursement of AHP funds.

Required Documents:	Already on file	Enclosed	N/A
1. The Sponsor certifies they have completed disbursement training: Yes No			
2. Evidence of completion (Certificate of Occupancy et al.)			
3. Completed and executed AHP Sponsor Commitment Verification form (available at www.fhlbcin.com)			
4. Financial documentation a. Cost certification executed by an independent auditor that documents all expended project costs OR a completed AHP Rental Final Development Budget along with the invoices and receipts to support all cost (a cost certification is required if the project has more than 50 receipts/invoices to submit) b. List of all permanent development funding sources with Sponsor and Member contributions that matches the sum of project costs c. Construction contract with all change orders, signed by all parties d. A current occupancy report for the project in FHLB’s format e. A current, itemized 15-year operating budget for the project (FHLB’s AHP Operating Budget)			
5. Do the project’s financials meet the current FHLB feasibility guidelines? Yes No If “No,” provide justification.			
6. Are any costs that FHLB deems ineligible included on the cost certification/development budget? Does the project contain non-residential or commercial costs? Yes No If “Yes,” provide a list of such costs, the amount of each, and evidence that another of the project’s funding sources is willing to pay for these costs.			

Required Documents:	Already on file	Enclosed	N/A
<p>7. Property acquisition information: Did the Sponsor/owner pay a different amount for any portion of the project property than what was documented in the approved AHP application? Yes No If “Yes,” provide the following: a. Verification of property acquisition cost paid by Sponsor/owner b. Appraisal or Property Value Assessment dated within six months of the date the Sponsor/owner acquired the property</p>			
<p>8. Evidence of ALL funding sources shown on the list provided for item #3b above, including copies of all executed grant agreements, notes and mortgages (deeds of trust), etc.</p>			
<p>9. If the project will receive project-based rental subsidies, provide a current, fully executed rental subsidy agreement.</p>			
<p>10. Provide a current operating subsidy agreement, if the project will receive operating subsidies aside from project-based vouchers.</p>			
<p>11. If the project was approved with over 50% of the units targeted to homeless households or those with special needs and it is not receiving rental or operating subsidy, explain how the tenants will be able to pay their rent. If fundraising will be used to cover rents, submit the two previous years’ audited financial statements from the organization providing the subsidy and a resolution from the organization’s Board of Directors indicating the organization’s willingness to cover the rent payments.</p>			
<p>12. Blank copies of the following forms that meet the FHLB’s requirements that the project will use during regular operations: a. Housing intake/tenant application form b. Lease or rental agreement (not applicable to shelter projects)</p>			
<p>13. Evidence that the project meets following Member commitments as indicated in the approved AHP application, if applicable: a. Member’s permanent loan b. Member’s bridge or construction loan c. Below-market rate on the permanent, construction, or bridge loan d. Member’s cash contribution e. FHLB loan/advance number for non-subsidized product: _ _ _ _</p>			
<p>14. Evidence that the project meets the following commitments as made in the approved AHP application, if applicable: a. 8 hours of voluntary 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 d. Energy-efficient new construction e. Tenant on Sponsor's Board</p>			

Required Documents:	Already on file	Enclosed	N/A
15. Recorded deed showing the property is in the name of the Sponsor/owner or a copy of the project’s lease that transfers the rights to the property to the project Sponsor/owner.			
16. Formation documents or other verification of the Sponsor’s ownership interest in the project/property, if not in the deed or lease.			
17. Verification that the project is subject to the <i>most current</i> version of the FHLB retention language for a rental project using a legal instrument inserted into or referring to the deed/lease.			
18. Executed management agreement that commits the project to at least the following: <ul style="list-style-type: none"> a. Fair housing policies b. Tenant intake procedures c. Rents charged for income-targeted units will not exceed 30 percent of the targeted monthly area median income (AMI) d. Management fee if the project is NOT managed by the Sponsor e. Income targeting matching the approved AHP application/modification according to the number of units and the percentage of area median income targeted f. Housing the number of “Homeless households” shown in the approved AHP application, if applicable g. Housing the number of households who meet FHLB’s definition of “Special needs” or “Elderly” as shown in the approved AHP application, if applicable h. The property manager’s requirement to comply with FHLB requests for reports and audits i. Management’s making empowerment services available as committed in the approved AHP application. 			

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 Rental 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 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).

PRIMARY MEMBER REPRESENTATIVE:

Printed Name:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:
Signature:	Date:

SECONDARY MEMBER REPRESENTATIVE:

Printed Name:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:
Signature:	Date:

SPONSOR REPRESENTATIVE:

Printed Name:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:
Signature:	Date:

OWNER REPRESENTATIVE: If the Sponsor is the Owner, check this box:

Printed Name:	Owner Name:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number:

MANAGEMENT CONTACT: If the Sponsor is the Manager, check this box:

Printed Name:	Company:
Title:	E-mail:
Address:	City, State, ZIP Code:
Phone Number:	Fax Number: