

# AHP Initial Compliance

Presented by: Jalynn Lunsford



# Affordable Housing Program Compliance

- All projects receiving an award of Affordable Housing Program (AHP) funds through the Competitive AHP are subject to monitoring by the FHLB Cincinnati.
- Projects are monitored to ensure that AHP funds are used in accordance with the approved AHP application and the governing AHP Regulation.

# Affordable Housing Program Monitoring Policy

- AHP Compliance Phases;
  - Periodic Monitoring Prior to Project Completion;
  - Initial Monitoring at Disbursement;
  - Initial Monitoring After Project Completion; and,
  - Long-Term Monitoring.

# Initial Monitoring at Disbursement

- Initial Monitoring for Owner and Rental projects at disbursement verifies that:
  - Subsidies were used for eligible purposes in compliance with all FHLB requirements;
  - Household incomes comply with income and occupancy targeting commitments made in the approved AHP application;
  - Actual costs are reasonable in accordance with FHLB guidelines;

# Initial Monitoring at Disbursement (cont.)

- Subsidies are necessary for the financial feasibility of the unit and the project;
- All project units are subject to a deed restriction or other legally enforceable retention mechanism as required by regulation; and,
- The services and activities committed to in the approved AHP application have been provided.

# Affordable Housing Program Monitoring Policy

- AHP Compliance Phases;
  - Periodic Monitoring Prior to Project Completion;
  - Initial Monitoring at Disbursement;
  - **Initial Monitoring After Project Completion;** and,
  - Long-Term Monitoring.

# Initial Monitoring after Project Completion

- Initial Monitoring of rental projects is completed in two parts:
  - **Part 1 - Submission of Certification of Compliance; and**
  - Part 2 – Completion of an Initial Audit.

# Initial Certification

- Owner's/Member's Certificate of Program Compliance forms are emailed to project Owners and Members through [HOB@fhlbcin.com](mailto:HOB@fhlbcin.com).
- Owners complete, sign, date, and submit the Certificate to the Member partner, along with the project's occupancy report.
- Members review the Certificate and, if acceptable, sign, date and submit all documents to the FHLB at [ahpmonitoring@fhlbcin.com](mailto:ahpmonitoring@fhlbcin.com).



# Initial Certification

- Owner's/Member's Certificate of Program Compliance Certifies:
  - Tenant rents, incomes, and occupancy are in compliance with commitments made in the approved application;
  - Rents charged for low-income units do not exceed 30% of the monthly income for a household of the maximum income and size expected; and,
  - Owner obtained a Rental Application and/or Tenant Income Certification and third-party income documentation for each low-income household.

# Initial Certification

- The project Owner and Member also certify that:
  - Services and activities committed to in the approved AHP application have been provided;
  - Each building in the project is and has been suitable for occupancy; and,
  - Progress is being made toward satisfactory occupancy.



Affordable Housing Program  
Owner's / Member's Certificate of Program Compliance  
Initial Monitoring

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

Project Name : A project  
Project Address : ABC Street, Canton, OH 44705, Stark County  
CERTIFICATION PERIOD : 1/1/2020 – 11/30/22  
Project# : 201601-0000  
Member Name : The Member Bank  
Member Address : 000 Main Street  
City : Versailles State: MI Zip: 45380  
Contact Person : Member contact name Phone: 419-233-3333 Fax: 9419-133-333  
Owner Name : Owner organizatin  
Owner Address : Owner address  
City : Canton State: OH Zip: 44714  
Contact Person : Owner contact Phone: 330-333-3333 Fax: 330-333-3332  
Management Company : Management Company  
Management Co. Address : Management Address  
City : Canton State: OH Zip: 44714  
Contact Person : Manager Name Phone: 330-333-3333 Fax: 330-433-3333  
Email Address : Manager Email

	Approved	(Complete this Column) Occunied as of 11/30/22
<b>Total Number of units</b>	14	
Number of units at or below 50% of median	14	
Number of units between 51%-60% of median	0	
Number of units between 61%-70% of median	0	
Number of units between 71%-80% of median	0	
Number of units above 80% of median	0	
Number of units reserved for homeless persons	14	
Number of units reserved for special needs persons	14	
Number of units reserved for elderly persons	0	

Certification  
Period

Project  
Contact  
Information


Tenant  
Occupancy



# Completing the Certification - Page 1

- Review contacts and project address and update any incorrect or missing contact information.
- Complete the “Occupied” table at the bottom of the page.
  - State the total number of units occupied at the end of the Certification period.
  - Provide the income targeting level from initial move-in for each occupied unit.
  - State the number of qualified homeless, elderly, special needs households.
  - If the “Occupied” column does not match the “Approved” column, please provide an explanation.

Owner  
Certifications



A Project  
201601-0000

Affordable Housing Program  
Owner's / Member's Certificate of Program Compliance  
Initial Monitoring

Print Owner representative name

I, the undersigned \_\_\_\_\_ (print name of managing general partner/owner); certify that I am a duly authorized officer or representative of \_\_\_\_\_ Owner organization \_\_\_\_\_ (the "Owner"), and hereby certify that:

1. The tenant incomes are accurate and in compliance with the income targeting, special needs and/or homeless occupancy commitments made in the approved AHP application.  
☐ Yes ☐ No
2. The Owner has obtained and maintains a Rental Application or Tenant Income Certification from each low-income resident, along with supporting third-party income documentation verifying income eligibility prior to initial occupancy.  
☐ Yes ☐ No
3. The contract rents charged for income-targeted units meet the affordability commitments made in the approved AHP application (rents do not exceed 30% of AMI as adjusted for unit and family size).  
☐ Yes ☐ No
4. The services and activities committed to in the approved AHP application have been provided in connection with the project:  
☐ Yes ☐ No
5. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards):  
☐ Yes ☐ No
6. The Project Owner and the Member agree to provide prompt written notice to the FHLB if the project is in material and unresolved noncompliance with the LIHTC income targeting or rent requirements at any time during the AHP 15-year retention period.  
☐ Yes ☐ No

ATTACH AN OCCUPANCY REPORT for the Certification Period using the FHLB Occupancy Report form located at [www.fhlbcin.com](http://www.fhlbcin.com) under Community Investment/Documents and Presentations. Occupancy reports must include information on ALL households that occupied the property at ANY TIME during the certification period. If units are vacant, provide the information on the most current tenant's occupancy. SUBMIT THE OCCUPANCY REPORT VIA EMAIL TO [AHPMonitoring@fhlbcin.com](mailto:AHPMonitoring@fhlbcin.com) in EXCEL format.

**Certification by Owner**

The information provided herein is true, accurate and in compliance with the approved application and 12 CFR 1291 and Section 10(j) of the Federal Home Loan Bank Act. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING STRONGER COMMUNITIES Page 2 of 4

# Completing the Certification - Page 2

- Print the Owner representative name.
- Answer questions 1 through 6.
  - Q1 certifies compliance with the rent, income targeting and occupancy (special needs, elderly and/or homeless) commitments made in the approved AHP application.
  - Q2 certifies that the project Owner has obtained and maintains a rental application and/or Tenant Income Certification (TIC) and third-party income documentation at initial occupancy for each low-income tenant.
  - Q3 certifies that rents charged for low-income units do not exceed 30% of the monthly income for a household of the maximum income and size expected.

## Completing the Certification Page - 2

- Answer questions 1 through 6 (cont.).
  - Q4 certifies that the services committed to in the AHP application have been provided.
  - Q5 certifies that project has been suitable for occupancy.
  - Q6 certifies that the FHLB will be given notice of unresolved noncompliance with tax credit agency.
- Owner sign and date.
- Forward to Member for signature.



Affordable Housing Program  
Owner's / Member's Certificate of Program Compliance  
Initial Monitoring

A Project  
201601-0000

*Certification by Member*

I, Print Member Representative Name (print name of FHLB member contact) certify that I am a  
duly authorized officer or representative of \_\_\_\_\_ A Member Bank  
and that I have reviewed all project documentation and have found the project is habitable, meets the income targeting  
commitments made in the approved AHP application, and the rents meet affordability requirements.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

PLEASE COMPLETE THIS CERTIFICATION AND FORWARD WITH THE APPROPRIATE  
ATTACHMENTS TO THE FHLB BY JANUARY 3, 2023

Due Date






# Completing the Certification - Final Page

- Members review the Certification and Initial Occupancy Report.
- Sign, date and submit all documentation to AHPmonitoring @fhlbcin.com by the given due date.

# Initial Occupancy Report



**FHLB Cincinnati**  
**Affordable Housing Program**  
**Initial Monitoring Occupancy Report**  
**Input Worksheet**

**Date Prepared:**

**Project Information**

Project Number:

Beginning of Certification Period:

End of Certification Period:

Total Number of Project Units:

Project Name:

Project Owner:

**Tenant Information**

Tenant Name	Unit #	Address	Unit Size	Household Size	Homeless (Y/N?)	Elderly (Y/N?)	Special Needs (Y/N?)	Annual Gross Household Income @ Move-In	Move-In Date	Move-Out Date	Current Annual Gross Household Income	Monthly Tenant Rent Amount	Monthly Contract Rent Amount

*Sourced at: <https://www.fhlbcin.com/housing-programs/affordable-housing-program/>*



# Completing the Initial Occupancy Report

- The Initial Occupancy Report must include information on any and all tenants that occupied the property at any time during the Certification Period.
  - The Certification Period begins on the project completion date and ends on the date the Certificate is generated as shown on Page 1 of the Certificate.
  - Occupancy report must be submitted as an excel file via email to [AHPMonitoring@fhlbcin.com](mailto:AHPMonitoring@fhlbcin.com).
  - The Owner's/Member's Certificate of Program Compliance is not considered complete unless the Initial Occupancy Report is submitted in the required format.

# Completing the Initial Occupancy Report

- The following information is entered on the Initial Occupancy form:
  - Tenant Name – Full name, initials or unique identifier;
  - Unit # – Unique identifier for each unit or bed in project;
  - Address – Property address or unit address;
  - Bedroom Size – Bed, SRO, efficiency or number of bedrooms in the unit;
  - Family/Household Size – Total number of members in family at move-in.

# Completing the Initial Occupancy Report

- Homeless/Elderly/Special Needs – Enter “Y” only if the household meets the definition. Third-party verification must be obtained at move-in and maintained in tenant file.
- Annual Gross Income @ Move-in – Based on third-party income documentation obtained prior to move-in, dated no more than 120 days prior to move-in.
- Move-in Date – Actual month/day/year the tenant began residency and as noted on the lease, rental agreement, intake form, rental application or TIC.
- Move-out Date – Actual month/day/year of move.

# Completing the Initial Occupancy Report

- Current Annual Gross Income – Based on recertification of tenant's income, if applicable.
- Tenant Rent – Amount paid by the tenant as of the end of the Certification Period;
- Contract Rent – Amount paid by the tenant plus any rental subsidy paid on behalf of the tenant or operating subsidy received per unit, if applicable, as of the end of the Certification Period.
  - Example - If a tenant receives Section 8 rental subsidy of \$400.00 and the tenant pays an additional \$200.00 per month, the actual Contract Rent is \$600.00 per month.

# Submitting the Certification and Occupancy Report

- The occupancy report must be submitted as an excel file, not a paper copy or PDF.
- Incomplete Certifications or occupancy reports will be returned to the project Owner and/or Member for completion.
- Failure to submit a complete and fully executed Certification and occupancy report by the given due date may constitute an issue of non-compliance.
- Submit to [AHPmonitoring@fhlbcin.com](mailto:AHPmonitoring@fhlbcin.com).

# FHLB Cincinnati Analysis



# Review of the Certification

- The Owner's/Member's Certification will be reviewed for accuracy and completeness. The Certification is complete when:
  - The "Occupied" column at the bottom of page one is complete and matches information shown on the occupancy report;
  - Blank contact information has been entered;
  - The Owner name is entered on the second line at the top of page two and matches the Owner name shown on page one;
  - All questions on page two are answered; and,
  - The Certification has been signed and dated by the Owner (page two) and Member representatives (page three).

# Review of Initial Occupancy Report

- The Initial Occupancy Report is reviewed for accuracy and completeness. The Report is complete when:
  - All project information at the top of the form has been completed;
  - The reporting period matches the Certification Period as shown on page one of the Initial Certification;
  - All project units are listed even if they are vacant; and,
  - All columns have been completed with information on any tenant that occupied a unit at any time during the certification period.

# Review of Initial Occupancy Report

- The FHLB will:
  - Use MTSP median incomes for each household's move-in year (adjusted for household size) to calculate the percent of median income for each tenant and verify eligibility.
  - Calculate the total number of occupied units, units in each income range, homeless, elderly, and special needs units to verify compliance with commitments made in the approved AHP application.
  - Documentation will be requested for any households which appear to exceed the project's income targeting limits.

## Rental Affordability

- Rent affordability is calculated using the contract rent amount shown on occupancy report.
- Rents must fall at or below 30% for a household of the maximum income and size expected.
- Exceptions may be granted if tenants receive rental subsidy or the project receives operating subsidies.

# Rental Affordability

**AHP RENTAL PROJECT  
AFFORDABILITY WORKSHEET**

Project Name and Number Goose Reporting Year

Please enter the name of the MSA or County where the project is located. Hamilton 2014

Please enter the annual HUD Area Median Income (AMI) for the MSA or County. \$56,500  
(Please refer to the HUD Area Median Income guidelines)

In the space below, the AMI is automatically calculated as adjusted for family size.

1 Person (70%)	2 People (80%)	3 People (90%)	4 People (100%)	5 People (108%)	6 People (116%)	7 People (124%)	8 People (132%)
\$39,550	\$45,200	\$50,850	\$56,500	\$61,020	\$65,540	\$70,060	\$74,580
\$42,375		\$58,760				\$72,320	

Please complete the following table: (See example below)

A Number of Units	B Bedrooms per Unit	C Persons per Unit <small>(1.5 persons/bdrm)</small>	D Percent AMI Target	E AMI Adjusted for Family Size <small>(from IV above)</small>	F Proposed Rent	G Proposed Rent as Percent of Targeted Income
Example: 3	2	3.00	50%	\$36,000	\$300	20%
	2	3.00	50%	\$50,850	\$500	23.60%
		0.00				#DIV/0!
		0.00				#DIV/0!
		0.00				#DIV/0!
		0.00				#DIV/0!
		0.00				#DIV/0!
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		0.00				#DIV/0!

For FHLB Use Only

Analysis Completed By:	Dual Review Completed By:
------------------------	---------------------------

# Initial Monitoring after Project Completion

- Initial Monitoring of rental projects is completed in two parts:
  - Part 1 - Submission of Certification of Compliance;
  - **Part 2 – Completion of an Initial Audit.**

# Initial Audit

- Part 2 is not applicable to rental projects that meet one of the following criteria:
  - Received allocation of Low Income Housing Tax Credits (LIHTC);
  - Received funding from USDA Section 515 Rural Multifamily Program;
  - Received funding from USDA 514 Farmworker Multifamily Program; or,
  - Other programs identified by Federal Housing Finance Agency
- Audit may be required if FHLB is unable to verify compliance with the approved AHP application during analysis of certification and occupancy report.

# Initial Audit

- The Initial Audit will verify:
  - Accuracy of the Owner's/Member's Certificate of Program Compliance and Initial Occupancy Report;
  - Documentation of household income and rent is being obtained prior to move-in and is maintained by the project Owner;
  - Household incomes, rents, and occupancy targets have been met and are in compliance with the commitments made in the approved AHP application; and
  - Compliance with the AHP regulation.



# Initial Audit

- A random sample of project units is selected to be audited. *(See the Implementation Plan for the detailed sampling table.)*
- An Initial Audit Document Request form is prepared and transmitted via email to project Owners, Management Company and Member contacts.
  - The Document Request will include a Project Audit List with the random sample of units to be audited.
  - Requested documentation must be submitted within 15 days to [ahpmonitoring@fhlbcin.com](mailto:ahpmonitoring@fhlbcin.com).

# Initial Audit - Project Audit List

## FEDERAL HOME LOAN BANK OF CINCINNATI Affordable Housing Program Project Audit List

PROJECT NUMBER: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
PROJECT OWNER: \_\_\_\_\_  
REPORTING PERIOD: \_\_\_\_\_

Please submit the the tenant lease, tenant application, third-party income documentation, verification of current rent, special needs documentation and homeless household verification, if applicable, **for all of the the households referenced below** from time of move-in. If the households occupied the units prior to the AHP approval date, submit the income verification and certification documentation completed at the time of AHP application approval.

Units to be Audited:

Tenant Name	Unit #	Address	# Bdm	Household Size	Annual Gross Income @ Move-in	Move In	Move Out

# Initial Audit Required Documentation

- Submit the following for households on the Project Audit List:
  - Tenant rental application and/or a Tenant Income Certification (Intake form for shelter projects) ;
  - Lease/Rental agreement (*not required for shelter projects*).
  - Third-party income documentation for each income source listed on the application at the time of initial move-in and (*not required for shelter projects if income is shown on intake form*);
  - Third-party verification of homeless and/or special needs household status;

# Application/Income Certification

- The Rental Application, Tenant Income Certification or Intake form is reviewed and should provide:
  - Date of initial occupancy/move-in date (*shelters only*);
  - Unit number and unit size (*shelters only*);
  - Tenant name or tenant ID number;
  - Household size (*total number of household members*);
  - Household composition (*list of **all** household members and their ages*);
  - Total annual household income;
  - Source of income for each **adult** household member (*age 18 or older unless child is receiving SS/SSI which is considered adult's income*); and,
  - Fair Housing statement or logo.
  - Application/Certification/Intake form must be signed and dated by tenant (*shelters must also have signature of licensed professional if using intake form to verify special needs*).

# Lease Agreement

- Lease / Rental Agreement is reviewed and should include:
  - Tenant name (*head of household*);
  - List of all household members occupying the unit
  - Property address;
  - Unit number and unit size (*bed, SRO, efficiency, 1bdrm, 2bdrm, etc.*);
  - Lease term;
  - Fair Housing logo or statement;
  - Amount of rent to be paid by tenant;
  - Total contract rent (*tenant paid rent plus any rental subsidy*); and,
  - Signature of and tenant and project owner, management company or property manager.

# Income Documentation

- Third-party income documentation for all household occupants age 18 or older.
  - Income documentation must be dated in the tenant's move-in year and no more than 120 days prior to the move-in date.
  - Income documentation is not required for “shelter projects;” however, total annual household income must be noted on the Intake form and include a signed certification.
  - Acceptable Forms of Verification include:
    - Two consecutive pay stubs;
    - Verification of Employment (VOE);
    - Social Security or Supplemental Income benefits letter; and.
    - Certification of Zero Income

Refer to the FHLB Income Guideline for acceptable forms of verification

# Homeless/Special Needs Documentation

- Third-party verification of homeless and/or special needs household status reviewed.
  - Homeless and special needs definitions contain specific eligibility criteria and identify documents required to verify household eligibility.
  - Verification documents must be dated in the tenant's move-in year and no more than 120 days prior to the move-in date.
- Elderly household status is verified by date of birth on a driver's license, state ID or birth certificate.

# Verification of Homeless Household

- A homeless household is made up of one or more individuals who:
  - Resides in “overcrowded housing;”
    - Self-declaration or signed letter from a case manager, social worker or similar authority required;
  - Face imminent loss of home due to condemnation, eviction or foreclosure;
    - Copy of the condemnation, eviction or foreclosure notice required;
  - Lack a fixed, regular and adequate nighttime residence;
    - Self-declaration or signed letter from a case manager, social worker or similar authority required;
  - Individual aging out of foster care or fleeing domestic violence and/or other life threatening situations;
    - Self-declaration or signed letter from a case manager, social worker or similar authority required;



# Verification of Homeless Household

- Have a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
    - Letter from facility required
  - An institution that provides temporary residence for individuals intended to be institutionalized;
    - Letter from institution required
  - A public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings; or,
    - Self-declaration or signed letter from a case manager, social worker or similar authority required
  - A “mobile home” constructed before 1976 that does not meet the requirements of the National Manufactured Housing Construction and Safety Standards.
    - Copy of notice required or other approved documentation

# Verification of Special Needs

- A special needs household is made up of one or more individuals with one or more of the following:
  - Physical, developmental, mental, or co-occurring disabilities
    - SSI or SSDI or similar statement from a federal or state government agency required; or,
    - Signed and dated letter from a licensed physician who attests that the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.
  - Protected from physical or emotional abuse;
    - Signed and dated certification by the project Owner that housing is being provided at the project location in order to protect the applicant or a member of their household from physical or emotional abuse.

# Verification of Special Needs

- Recovering from drug or alcohol abuse and currently receiving treatment
  - Signed and dated letter from the entity providing the recognized therapeutic program to the applicant; or,
  - Signed and dated letter from a licensed physician, psychiatrist, psychologist, or clinical social worker attesting that treatment is being provided to the applicant.
- Persons with AIDS
  - Signed and dated letter from a licensed physician stating the applicant's diagnosis of Auto Immune Deficiency syndrome or as HIV positive and medical care being provided.
- Aging out of foster care, orphanage, or other residential facility
  - Self-declaration or signed letter from a case manager, social worker or similar authority required.

# Review of Documents

FHLB will review documents to verify the following:

- Complete tenant documentation has been obtained for each household in audit.
- Special needs, homeless, and income verification are dated no more than 120 days prior to move in (see Income Guidelines on website for exceptions).
- Tenant documentation matches information on occupancy report.
- Rent charged is affordable to household based on targeting and bedroom size.
- All income targeting and occupancy commitments approved at application are being upheld.

# Project Compliance

- Project is compliant when:
  - Requested Certifications, occupancy reports and audit documents are submitted by the given due date.
  - Tenant documents are complete and contain all required information (*projects requiring full audits*).
  - Review verifies that all income and targeting commitments have been met.
- Upon approval, projects will receive letter of compliance from HOBE@fhlbcin.com.

# Project Noncompliance

- Failure to submit Certification, occupancy report or initial request of audit documentation.
  - A Delinquency Notice will be issued allowing 15 additional days to submit the information.
  - If not submitted delinquency notice deadline, a Notice of Noncompliance will be forwarded with a new deadline.
  - A Notice of Recapture will be forwarded if documentation is not still not submitted.
    - Any funds disbursed to project will be due if project goes into recapture status.
    - Owner may contact FHLB to determine what is needed to prevent recapture.

# Project Noncompliance

- Certification and tenant documentation fail to verify compliance with AHP application commitments
- A Notice of Noncompliance letter will be issued to project Owner, Manager and Member.
  - Issues of non-compliance will be clearly defined.
  - Options to resolve the issues of noncompliance will be provided, such as:
    - Owner can submit additional documentation to verify compliance;
    - Owner can submit a 90-day Action Plan to cure the issues of noncompliance; or,
    - Project modification.

# Project Noncompliance

- For projects deemed noncompliant
  - No pending or future disbursement requests will be considered;
  - Any application in which the Owner is involved may be denied;
  - Repayment of disbursed funds may be required; and,
  - The FHLB may also withdraw the funding commitment for any other project in which the Owner is involved and deny any future AHP applications.



# Suspension and Debarment

- The FHLB or the Finance Agency may suspend or debar a Member, Sponsor, Owner or Other Party from participation in any of the HCI Programs, including (without limitation) AHP, for any one of the following reasons:
  - Failure to comply with one or more applicable Program requirements.
  - Consistent pattern of noncompliance with approved or modified application commitments that result in numerous modification requests or cure periods.
  - Suspicion that a crime—or some other serious cause—affecting a participant's present responsibility may have occurred.
  - A required repayment of AHP or other subsidy is triggered due to noncompliance.
  - Abandonment of project.

# Suspension and Debarment

- Suspension and/or Debarment Reasons:
  - A demonstrated pattern of noncompliance or a single instance of flagrant noncompliance with a Regulation or the terms of an application for subsidy.
  - Commitment of fraud, mismanagement of properties, or other negligent actions that lead to the financial distress or foreclosure of a project.
  - Debarment, suspension, exclusion, or disqualification by HUD or a state or federal government agency (including the Finance Agency), or in case of inclusion on the Excluded Parties List.
  - Any other performance or compliance issues that the FHLB or the Finance Agency believe warrants debarment, including repeated suspensions from any HCI Programs.

*(See the Suspension and Debarment Guidelines in AHP Implementation Plan)*

# Reminders

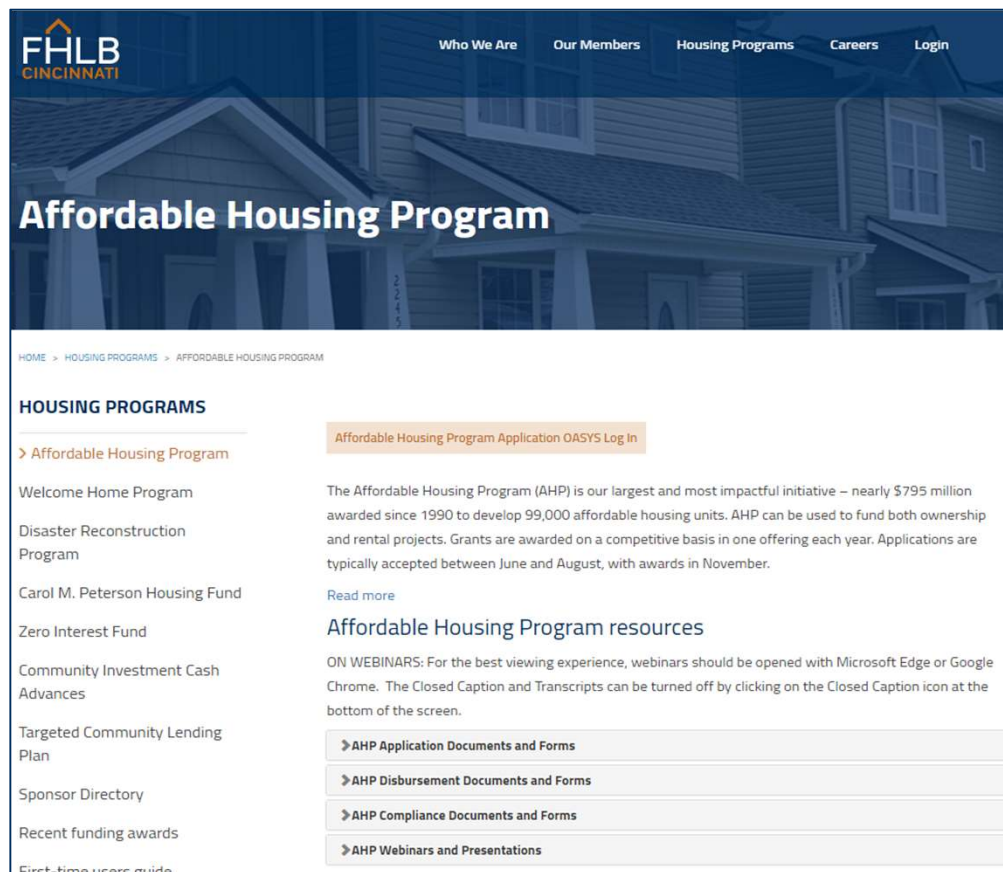
- For the Certification:
  - Review and correct all contact information;
  - Answer all questions; and,
  - Sign and date the forms.
- For the Audits:
  - Assure the occupancy report shows all AHP approved units and the information is accurate and matches the information in tenant file;
  - Obtain third-party income documentation, special needs verification, and homeless verification prior to move-in; and,
  - Obtain and maintain tenant lease (*excluding shelters*) and tenant application for all households.

*Submit all requested documentation on time*

# Resources

Webinars, Documents and Forms can be found at:

<https://www.fhlbcin.com/housing-programs>



# Connect with us!

Get the latest news, events, and updates at FHLB Cincinnati by connecting with us on social media.



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federal-home-loan-bank-of-cincinnati](https://www.linkedin.com/company/federal-home-loan-bank-of-cincinnati)



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We encourage all FHLB Cincinnati Members and housing sponsors to notify us of plans to celebrate or recognize any FHLB-funded housing or community investment project. The FHLB is often available to participate and to offer public relations assistance for community events such as ribbon cuttings, groundbreakings, and dedications.

Please contact Member Services/Public Affairs,  
toll-free, at 877-925-FHLB(3452).



# Contact us

## **Federal Home Loan Bank of Cincinnati**

221 East Fourth Street, Suite 600

P.O. Box 598

Cincinnati, OH 45201-0598

Toll free: (888) 345-2246

E-mail: **AHPMonitoring@fhlbcin.com**

Website: **www.fhlbcin.com**



# Thank You

