

Modification Request Instructions



THE MODIFICATION PROCEDURES HAVE CHANGED.
PLEASE READ THESE INSTRUCTIONS IN THEIR ENTIRETY
BEFORE COMPLETING AND SUBMITTING THE REQUEST FORM.

The FHLB shall approve a request for a modification to the terms of the approved application, provided that:

- (1) The project Sponsor or owner has made a reasonable effort to cure any noncompliance, and the noncompliance could not be cured within a reasonable period of time or there is no cure;
- (2) The project, incorporating any such changes, would meet the eligibility requirements (and financial feasibility, if appropriate) of the AHP regulation/IP;
- (3) The application, as reflective of such changes, continues to score high enough to have been approved in the AHP funding round in which the application was originally scored and approved by the FHLB; and,
- (4) There is good cause for the modification, which may not be solely remediation of noncompliance, and the analysis and justification for the modification, including why a cure of noncompliance was not successful or attempted, is documented in writing.

The attached Modification Request Form is required as it provides a summary of the events leading to the request. It must contain specific details about the changes requested, why the changes are necessary, why they are outside the control of the project's partners, the steps taken to cure the noncompliance, and the length of time expended on such efforts. It must indicate why the attempts to cure the noncompliance were unsuccessful or, in some cases not attempted.

The attached Modification Request Form has six required sections and seven optional sections. Complete only the parts of the form which apply to this specific request along with the required sections and submit the form to AHPDisbursements@fhlbcin.com

Additional Information/Documentation Required

Extraordinary Cost Increase / Unapproved Feasibility Exceptions

Significant changes to a project's development or operating costs require the completion of the **FHLB Cost Comparison Workbook**. Email AHPDisbursement@fhlbcin.com for a copy of the FHLB Cost Comparison Workbook, if applicable. The FHLB Cost Comparison Workbook performs a current feasibility analysis and calculates the variances between the Development Costs at time of application approval and the new anticipated development costs or costs as of cost certification.

If the project has seen major increases in project costs (*other than nationally publicized cost increases*) or has any new feasibility alerts, a letter detailing the reasons for the cost increases / feasibility exceptions must be attached. In general, any increase percentage flagged in red should be addressed.

Member / Sponsor Change

If the project will be transferred from the approved Member or Sponsor, letters from current and assuming organizations are required.

- (1) A letter from the original Member or Sponsor must be provided indicating their willingness to transfer the project and why they are unable to fulfill the role outlined in the approved application.
- (2) A letter from the assuming Member or Sponsor, signed by an individual with the authority to make such commitments, must be provided indicating their willingness to complete any unfulfilled commitments as outlined in the approved application. It must also include the name, complete mailing address, phone, and email address for the new AHP contact.

Modification Request



The FHLB expects Members and project Sponsors or Owners to make a reasonable effort to comply with their AHP application commitments. An award recipient's responsibility is to fulfill the commitments in its approved application. Modification of a project's AHP application commitments is not the first option to address project noncompliance. The award recipient must first make best efforts to cure the noncompliance.

If cure of the noncompliance is beyond the control of the Member and project Sponsor or Owner, it may not be possible to cure the noncompliance within a reasonable period of time. The project Sponsor or Owner does not have to try to cure noncompliance that is incurable. In such cases, the Member and project Sponsor or Owner must simply provide a reasonable written justification indicating why the noncompliance could not be cured.

Complete **ONLY THE PARTS OF THE FORM WHICH APPLY** and submit with any supporting documentation to AHPDisbursements@fhlbcin.com

Project No. & Name

Proposed Changes

Total Number of Units / Income and Occupancy Modifications

AMI	Current	Proposed
<= 50%		
> 50% <=60%		
> 60% <=70%		
> 70% <=80%		
> 80% <=100%		
> 100% <=115%		
Total units:		

Type/Occupancy	Current	Proposed
Single-Family Units:		
Multi-Family Units:		
1st time home buyer:		
Elderly Units:		
Special Needs Units:		
Homeless Units:		
Donated Units:		
Energy Efficient:		
Substantial Rehab:		

Other

- Member Participation
- Project Sponsor Role
- Empowerment Change
- Community Stability
- Community Involvement
- Total square footage *If yes, provide sq. ft.*

Describe Other Change: (very briefly with specific subcategory references)

Modification Request



Project Location (changes may affect several other scoring categories)

New Street Address: _____

New County(ies): _____

New State(s): _____

New Zip Code(s): _____

New Census Tract(s): _____

Extraordinary Cost Increases / Unapproved Feasibility Exceptions

Cost Increased/Exception	Costs at Approval	Proposed Costs	Net Change
Total Development:	_____	_____	_____
Total Operating (if rental):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A revised development and operating pro forma (if rental) is/are attached. (Required for development and operating cost increases/exceptions)

Member Change

New Member:

Letters from the current and Assuming Members are attached.

Subsidy Increase

New Amount: _____

Commitment Extension

New Date: _____

Reason for Modification:

Describe the specific details of the proposed changes to the approved application.

Modification Request



· Why are the changes necessary? Could the project development partners have avoided the changes?

What hardships has the expected compliance caused the development partners and Member?

Describe the steps taken to cure the noncompliance with the approved application and the length of time expended on such efforts. Provide specific dates and time spent on the cure.

FHLB Staff Member working through the modification process with you. If none, enter N/A.

Certification

All parties hereby certify that the undersigned are authorized to make, and makes, the following acknowledgments and certifications: (1) All statements and information provided herein or herewith are true and accurate; (2) If any such statement or information is materially untrue or inaccurate then the Member and/or Sponsor may forfeit the AHP Subsidy or be required to repay the full disbursed AHP Subsidy amount to the Federal Home Loan Bank of Cincinnati (the "FHLB"); and, (3) The Member and Sponsor acknowledge and understand their continuing obligations regarding the above-listed project as outlined in the executed AHP Agreement and approved AHP application, and as further described in the AHP governing regulations and policies of the FHLB.

Agreed to and Accepted

Primary Member Signature

Date

Primary Sponsor Signature

Date

Typed Name

Typed Name

Primary/Secondary Member Signature

Date

Primary Sponsor Signature

Date

Typed Name

Typed Name