

AHP Early Disbursement Request

Rental Projects Only

Effective January 02, 2025

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

*NOTE: Early grant disbursement requests are limited to 25% of the total grant initially awarded.

Refer to the AHP Early Disbursement Manual for acceptable forms of required documentation. Documents that do not meet FHLB requirements as listed in the manual will require amendment prior to disbursement of AHP funds, if viable, or will result in denial of the disbursement request.

Required Documents:	Already on file	Enclosed	N/A
1. Project dates: a. Construction loan closing: b. Issuance of work permits:			
2. The Sponsor certifies they have completed disbursement training: Yes No			
3. Does the project include any space that FHLB defines as "Non-residential space" or "Commercial space"? Refer to the approved AHP application. Yes No Total costs associated with Non-residential space: Total costs associated with Commercial space: What funding source paid for these costs?			
4. Proof that ALL funding sources (except cash contributions, donations, and deferred developer fee) have been committed to the project			
5. Recorded warranty deed or memorandum of lease and lease agreement			
6. Verification of Sponsor's ownership interest in the ownership entity			

Required Documents:	Already on file	Enclosed	N/A
7. Executed construction contract that includes a scope of work			
8. For tax credit projects only: a. Evidence of firm commitment from the tax credit allocating agency b. Executed copy of the partnership/operating agreement			
9. Submit updated budgets to verify the project’s financial structure still meets the FHLB guidelines <i>(only required if the budgets on file are more than 6 months old)</i> a. Updated AHP Development Budget b. Updated AHP Operating Budget			
10. Have any of the following project characteristics changed? Yes No If Yes, Check all that apply: Sponsor or Member role Project targeting (income, special needs, homeless, etc.) Number of units or unit mix Project location Total project square footage Any other material change			No change
11. AHP Verification of Project Loan Information Form <i>(for projects approved in 2023 and forward)</i>			

Authorized Signatures:

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 Early Disbursement Manual. The Sponsor and Member further certify that they have taken the steps necessary to determine that the information provided herein is true and accurate, that they are not requesting reimbursement for costs that FHLB deems ineligible, and they understand that FHLB has a duty to invoke sanctions pursuant to the Federal Housing Finance Agency’s AHP regulation in the event of noncompliance with the terms of the approved AHP application and any subsequent modifications approved by FHLB. Any changes to the project that may affect scoring criteria or feasibility must be reported to and approved by FHLB.

By signing below, you agree that the project will be subject to a deed restriction that will be submitted with the final disbursement request and that will meet the requirements of the AHP regulation.

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: