



## Affordable Housing Program (AHP) Project Modification Request

Date of request:

**Instructions:** This project modification request form (Request) is to be submitted for the purpose of asking change(s) is made to an Affordable Housing Program (AHP) project. This Request must be submitted to the Federal Home Loan Bank of Dallas, Community Investments Department by way of email, facsimile, or mail to 8500 Freeport Parkway South, Irving, TX 75063 along with support documentation that will re-enforce the change(s) being requested. The project **sponsor** and the Federal Home Loan Bank of Dallas (FHLB) **member must sign** this Request. Inaccurate or incomplete Requests may result in delay of processing or denial of the Request.

### AHP Project name and address information

Project #:	Project name:
Project address:	Project City, State, Zip:

### AHP projects current "Use of AHP Funds" is:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Rehabilitation only	<input type="checkbox"/> Down Payment / Principal Reduction
<input type="checkbox"/> Purchase & Rehabilitation	<input type="checkbox"/> Acquisition only	<input type="checkbox"/> "Other" _____

### A.) Modification (change(s)) being requested

1.  FAMILY AREA MEDIAN INCOME (AMI) TARGETING

Targeting Description	Current number of targeted units	Modified number of targeted units
Units at or below 50.00% AMI		
Units above 50.00% and below 60.00% AMI		
Units above 60.00% and below 80.00% AMI		

(AMI – Area Median Income as determined by the U.S. Department of Housing and Urban Development)

2.  CHANGE PROJECT PROGRAM SPECIALIZATION

Description	Current number of units	Modified number of units
Number of units reserved for <u>SPECIAL NEEDS</u>		
Number of units reserved for <u>RURAL</u>		
Number of units reserved for <u>DONATED</u>		
Number of units reserved for <u>HOMELESS</u>		
Number of units reserved for <u>ECONOMIC DIVERSITY</u>		

3.  CHANGE PROJECT LOCATION

Project address:	Project City, State, Zip:
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(Please provide an explanation below for the change in project location and detail other project changes as a result of this change)

4.  CHANGE PROJECT “USE OF FUNDS”

Current “USE” of funds	Modified new “USE” of funds

(New Sources & Uses form will be required as part of request)

5.  CHANGE PROJECT COMPLETION DATE

Description	Date currently shown for completion of <u>ALL</u> units	Proposed new completion date of <u>ALL</u> units
<b>PROJECT COMPLETION DATE:</b>		
If Project has <b>NOT</b> started, estimated start date:		
If <b>NOT</b> funded, anticipated date AHP funds will be requested:		

(New Project Completion Timeline will be required as part of request)

6.  CHANGE PROJECT MEMBER to:

Name of Member:		Project State, Zip:
Contact person:		Title:
Address:		City, State, Zip:
Phone:	Fax:	email:

7.  CHANGE PROJECT SPONSOR to:

Name of Sponsor:		
Contact person:		Title:
Address:		City, State, Zip:
Phone:	Fax:	email:

**B.) Detailed narrative supporting modification request**

Please provide a detailed written description of the project’s progress to date. Include in the description, explanation why the project will fail if not modified and provide justification why there is a demonstrated need to make changes to the existing project. Include how the change(s) being requested will allow the project to complete on time and within AHP feasibility guidelines and requirements. Be sure to include a revised project completion timeline, a pipeline of qualified families (single-family owner projects) and additional documentation to support the reasoning behind making a modification of project request. Please attach additional pages to this Request and note in this in the space below.

**C.) Sponsor Certification**

As a duly authorized officer or employee of the sponsor, I certify to the FHLB member and to FHLB that satisfactory progress is being made towards completion of the project, in compliance with the commitments made in the approved AHP application for the project, the policies of FHLB and the requirements of the AHP regulations located at 12 CFR part 1291 (AHP Regulations). For rental or owner-occupied projects, I certify that the AHP subsidies used during the period covered by this Report were used for eligible households (as defined in the AHP Regulations), and this certification is supported by household income verification documentation maintained by sponsor and available for review by the FHLB member or FHLB. I certify that the information provided in this Report is accurate and complete.

_____		_____	_____
Sponsor contact signature		Title	Date
_____		_____	
Printed sponsor contact name		Name of Sponsor organization	
Street address:		City:	
State:	Zip:	email:	
Phone:	Fax:	Alternate contact info:	

**D.) FHLB Member Certification**

As a duly authorized officer or employee of the FHLB member, I certify to FHLB that the FHLB member has taken the necessary steps to determine that satisfactory progress is being made towards completion of the project, in compliance with the commitments made in the approved AHP application for the project, the policies of FHLB and the requirements of the AHP regulations located at 12 CFR part 1291. For rental or owner-occupied projects, I certify that the AHP subsidies used during the period covered by this Report were used according to the commitments made in the approved AHP application for the project; and the AHP-assisted units are subject to deed restrictions or other legally enforceable retention agreements or mechanisms meeting the requirements of 12 CFR § 1291.9(a)(7) or (a)(8). I certify that the information provided in this Report is accurate and complete.

_____		_____	_____
FHLB member contact signature		Title	Date
_____		_____	
Printed member contact name		Name of FHLB member organization	
Street address:		City:	
State:	Zip:	email:	
Phone:	Fax:	Alternate contact info:	