



Affordable Housing Program | Owner-Occupied Project Request for Extension of Project Start

DATE:

PROJECT #:

PROJECT NAME:

SUBSIDY AMOUNT:

SPONSOR NAME:

SPONSOR CONTACT NAME:

PHONE:

EMAIL:

MEMBER NAME:

MEMBER CONTACT NAME:

PHONE:

EMAIL:

REQUESTED PROJECT START DATE (must be within 18 months of project approval date):

REASON FOR EXTENSION REQUEST (Include an explanation of factors causing the delay):

OBJECTIVES COMPLETED AFTER APPLICATION APPROVAL:

Complete the table below. If additional space is required, please attach an additional sheet to this form.

OBJECTIVE	DATE COMPLETED	EXPLANATION	SUPPORTING DOCUMENTATION INCLUDED
Buyers/owners selected for 10% of total AHP units			
Project marketing started			
Other completed objectives submitted for HCD consideration:			

Member and owner agree that: 1. The project must begin to request approved AHP funds (only if all other funding sources are committed) or use them to procure other financing within 18-months following the award of AHP subsidy, specifically and 2. If the project start requirement is met, the project must request all AHP funds within 42-months from approval. Member and owner acknowledge that AHP funds will be reallocated by FHLBank if the extension is not granted or these requirements are not met.

Member Signature: _____

Date: _____

Sponsor Signature: _____

Date: _____

THIS SECTION FOR FHLBTOPEKA USE ONLY:

Extension: ___ Approved ___ Denied

If approved, extension granted to: _____

HCD Management Signature: _____ Date: _____