



Affordable Housing Program | Rental Project Request for Extension of Project Start

DATE:

PROJECT #:

PROJECT NAME:

SUBSIDY AMOUNT:

OWNER NAME:

OWNER 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
All funding source applications approved			
Architectural and/or other specifications completed			
Contractor selection completed			
Zoning change approved			
Building permits obtained			
Construction financing closing			
Environmental review process completed			
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: _____

Owner Signature: _____ Date: _____

THIS SECTION FOR FHLBTOPEKA USE ONLY:	
Extension: ___ Approved ___ Denied	If approved, extension granted to: _____
HCD Management Signature: _____	Date: _____