AHP Owner-occupied Project Modification Request

Date:
Project Number:
Project Name:
Member Institution Name:

Contact Name:
Contact Email:
Contact Phone Number:

Modification to Increase Subsidy: The total AHP subsidy cannot exceed the maximum subsidy allowed in the AHP Implementation Plan in effect as of the application deadline for the round in which it was approved.

Current Subsidy	Requested Increase in Subsidy

Modification to Modify Commitment(s):

Current Commitment	Description of Modification Requested
Example: Financial Education	*Remove commitment.*

Describe the "good cause" for the modification. Provide any other comments relevant to the proposed modification:

AHP Project Eligibility

Certify the statements below are true by checking the associated boxes. Attach an explanation for any statements that are not true.

☐ **District Eligibility:** Project continues to meet district eligibility requirements including maximum subsidy per unit and has not exceeded the subsidy amount in the executed Agreement (without an approved modification of subsidy allowed in the AHP Implementation Plan in effect at the time the project was awarded the AHP grant).

☐ **Owner-occupied Eligibility:** All funds for this owner-occupied project will be provided to households ≤ 80% AMI.

☐ **Legal Age:** At least one household member of each unit is of sufficient age to enter into a legally-binding contract.

☐ **Timing of AHP Subsidy Use:** Some or all of the AHP subsidy has been or remains likely to be drawn down by the project within 12 months of the date of approval of the application for AHP subsidy.

☐ **Refinancing:** AHP funds are not being used to refinance existing loans.

☐ **Retention Documents:** Member acknowledges that a copy of the executed and recorded retention agreement for each disbursement will be provided to FHLBank Topeka within 90 days of the date FHLBank Topeka transfers funds to the member.

☐ **Project Sponsor:** The sponsor continues to be qualified and able to perform its responsibilities as committed to in the approved AHP application.

☐ **Fair Housing:** Project marketing is in compliance with federal and state laws regarding fair housing and housing accessibility.

☐ **FHLBank Fees:** The funds provided for this request will not be used for any prepayment fees, cancellation fees, or penalties associated with any FHLBank advance.

☐ **Fees:** The AHP funds provided for this request will not be used for any processing fees charged by the member for providing AHP direct subsidies.

☐ **Counseling Cost:** The funds provided for this request will be used to pay for homebuyer/homeowner counseling costs associated with this homebuyer/homeowner. Funds will not be used to pay for counseling costs covered by another source, including the member.

☐ **Transfer of AHP Funds from Member to Project:** AHP funds not provided to the project within 60 days of disbursement to the member must be returned to FHLBank Topeka.

☐ **Member Ownership Interest:** The member does not have an ownership interest in the project (i.e. REO), and the mortgage or lien is not currently owned by the member.

Explanations for Eligibility criteria not certified:

We, the undersigned, request the modification described above and certify project eligibility requirements are being met. An explanation has been provided for any eligibility requirements not certified (must be signed by member, sponsor, and owner).

Project Sponsor Name: _____ **Date:** _____

Name: _____ **Signature:** _____

Title:_____

Member signature: Must be signed by an employee of the member authorized for FHLBank transactions

Member Name: _____ **Date:** _____

Name: _____ **Signature:** _____

Title:_____