



# Guide to Completing the 2024 Affordable Housing Program Application

Thank you for your interest in FHLBank Pittsburgh's Affordable Housing Program (AHP). In this document you will find information to complete an application including 1) a list of the supplemental documents required to be attached to the application, and 2) a hard copy of the application, which includes all of the fields found in the online application. Please note that there may be slight variations in language between this document and the online application.

For additional information regarding AHP, including information regarding the current funding round, the voluntary housing grant initiative, and the 2024 AHP Implementation Plan, please visit our website at [www.fhlp-pgh.com/ahp](http://www.fhlp-pgh.com/ahp). If you have any questions, please email [ahp@fhlp-pgh.com](mailto:ahp@fhlp-pgh.com).

**NOTE: This is a hard copy for your planning purposes only. It will not be accepted as a submission to FHLBank Pittsburgh's AHP. Only electronic application submissions completed in AHP Online in the "member approved" status by Aug. 8, 2024, 5 p.m. EST, will be accepted.**

## Attachments and Forms for the 2024 Affordable Housing Program Application

In order to successfully execute an AHP application, certain documents must be completed outside of the online application and then attached to the application. To do this, the following steps must be performed:

1. Go to [www.fhlp-pgh.com/ResourceCategory-AHP-Application-Attachments](http://www.fhlp-pgh.com/ResourceCategory-AHP-Application-Attachments) to find links to the forms required for the AHP application. These forms can also be found in the AHP online application.
2. Open a form by clicking on the appropriate link ("*Read More*") for that form.
3. Complete the document and save it to your computer's hard drive as a .doc, .xls, .xlsx, .pdf or .zip file.
4. For other external documents required to be attached to the AHP application (such as FFIEC documentation, IRS 501(c) form, etc.), scan/export the documents and save them to your computer's hard drive.
5. When inside your AHP application online, select the page where the form is required, click "Browse," find the appropriate document on your computer's hard drive, and attach it to the AHP online application.
6. Double check to ensure the attachments are able to be opened, are clear and are readable. Confirm that the files are not corrupted. **You are responsible for ensuring that attachments are properly added to the online application.**



**Input Fields for the  
2024 Affordable Housing Program Application**

**THIS IS A HARD COPY ONLY –  
IT WILL NOT BE ACCEPTED AS A SUBMITTED APPLICATION.  
ALL INFORMATION MUST BE INPUTTED INTO AHP ONLINE BETWEEN  
JUNE 27 AND AUG. 8, 2024, 5 P.M. EST. APPLICATIONS MUST BE IN  
“MEMBER APPROVED” STATUS BY AUG. 8, 2024, 5 P.M. EST.**

**Initiate Application: Application Information**

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

***If Homeownership,***

Select from drop-down: New Construction, Rehabilitation Owner-Occupied, Rehabilitation Non-Owner-Occupied (no acquisition), Rehabilitation Non-Owner-Occupied (with acquisition), Rehabilitation/New Construction, Rehabilitation/New Construction/Acquisition, New Construction/Acquisition, Acquisition Only, Down Payment and Closing Cost Assistance Only (no rehabilitation or new construction)

***If Rental or Lease-purchase,***

Select from drop-down: Acquisition, New Construction, Rehabilitation

Zip: \_\_\_\_\_

**Initiate Application: Lead Contacts**

*(This individual(s) at the organization is responsible for the AHP project throughout the compliance period).*

Organization Name: \_\_\_\_\_ *(Search for organization and contacts in system)*

*Select individual(s) at that organization that is registered to the system and attached to the organization.*

*Maximum contacts: 2*

**Initiate Application: Input Contacts**

*(This individual(s) assists in developing the application in addition to the above lead contact [consultant, etc.] This individual cannot “Sponsor Approve” the application to submit to FHLBank Pittsburgh. This individual can only input information into the online application.)*

Organization Name: \_\_\_\_\_ *(Search for organization and contacts in system)*

*Select individual(s) at that organization that is registered to the system and attached to the organization.*

*Maximum contacts: 2*

**Initiate Application: Member Contacts**

Member Name: \_\_\_\_\_ *(Search for organization and contacts in system)*

*Select individual(s) at the member organization.*

*Maximum contacts: 3*

## Application Details: Application Information

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (2,000 character maximum)

Does the project use any land or units donated or conveyed by any party, other than Housing and Urban Development- (HUD) owned property or other Federal Government Property, below 50% of the fair market value of the property and is the project seeking Donated Property points? \_\_\_\_\_ (Yes or No)

Will the project use any Federal Government Property, excluding HUD owned property? \_\_\_\_\_ (Yes or No)

Will the project use any HUD owned property? \_\_\_\_\_ (Yes or No)

***At least one of the following questions must be answered "Yes" (if the project includes both single and multi-family buildings, indicate "Yes" for both questions).***

Will the project be a multi-family structure with five or more dwelling units? \_\_\_\_\_ (Yes or No)

Will the project be a single-family structure with one to four dwelling units? \_\_\_\_\_ (Yes or No)

### ***Home Ownership project only***

Does the project facilitate home purchase through new construction, acquisition, acquisition and rehabilitation, down payment, closing costs or other activities associated with the purchase of a home? \_\_\_\_\_ (Yes or No)

### ***Rental projects only***

Will the project have single-room occupancy (SRO) units available for occupancy? \_\_\_\_\_ (Yes or No)

Will the project be a mixed-use project (e.g., a project that includes both housing units and income-generating commercial space)? \_\_\_\_\_ (Yes or No)

## Application Details: Site Information

Enter your project's city or county EXACTLY as you would like it to appear on official documentation. For projects serving more than one state, leave blank. \_\_\_\_\_

Select the project's state. For projects serving more than one state, choose "Multi-state". \_\_\_\_\_

Is the project single site? \_\_\_\_\_ (Yes or No)

<b>If Yes, add single site.</b>		<b>If No (project is multi-site),</b>	
Is the address known? _____ (Yes or No)		How many sites are part of the project? _____	
<b>If Yes,</b>	<b>If No,</b>	Are the addresses for all the sites known?	
Address Line 1:	<p>Once sites are identified, scoring criteria will be confirmed against identified address(es).</p> <p>If identified address(es) do not meet scoring criteria, a modification is necessary which could trigger repayment of the AHP subsidy.</p>	<b>If Yes, add site (repeat for each site).</b>	<b>If No,</b>
Address Line 2:	Address Line 1:	Address Line 1:	<p>Once sites are identified, scoring criteria will be confirmed against identified address(es).</p> <p>If identified address(es) do not meet scoring criteria, a modification is necessary which could trigger repayment of the AHP subsidy.</p>
Zip:	Address Line 2:	Address Line 2:	<p>Enter an address that is representative of the sites with unknown addresses and is the approximate geographical center of those sites (i.e., the central site).</p> <p>If the sites with unknown addresses are scattered across a wide geographical area, enter the address of the sponsor.</p>

Zip+4:	Zip:	Zip:	Address Line 1:
Number of Units:	Zip+4:	Zip+4:	Address Line 2:
Appraisal Date:	Further define the geographical area(s) of the sites with unknown addresses (e.g., neighborhoods, counties, statewide etc.)	Number of Units:	Zip:
Is the project located on native Trust Land? (Yes or No)		Appraisal Date:	Zip+4:
Acquisition Price:		Is the project located on native Trust Land? (Yes or No)	Further define the geographical area(s) of the sites with unknown addresses (e.g., neighborhoods, counties, statewide etc.)
Is/will the property be located in a land trust? (Yes or No)		Acquisition Price:	
Appraised Value:		Is/will the property be located in a land trust? (Yes or No)	

Property is a foreclosure, REO or Short sale (Yes or No)		Appraised Value:	
Is the site donated? (Not applicable or donated)		Property is a foreclosure, REO or Short sale (Yes or No)	
Dwelling type: <ul style="list-style-type: none"> <li>▪ Single family</li> <li>▪ Multifamily Low-Rise 1 to 4 floors</li> <li>▪ Multifamily Mid-Rise 5-12 floors</li> <li>▪ Multifamily High-Rise 13+ floors</li> </ul>		Is the site donated? (Not applicable or donated)	
Does the member applicant have any current or past financial or ownership interest in the property? (Yes or No)		Dwelling type: <ul style="list-style-type: none"> <li>▪ Single family</li> <li>▪ Multifamily Low-Rise 1 to 4 floors</li> <li>▪ Multifamily Mid-Rise 5-12 floors</li> <li>▪ Multifamily High-Rise 13+ floors</li> </ul>	
<b>If Yes,</b>		Does the member applicant have any current or past financial or ownership interest in the property? (Yes or No)	
Is the property owned by the member applicant (REO), an AMA (Acquired Member Asset), or is it part of a pending foreclosure? (Yes or No)		<b>If Yes,</b>	
Was the property owned by the member applicant prior to the sale of the project owner? (Yes or No)		Is the property owned by the member applicant (REO), an AMA (Acquired Member Asset), or is it part of a pending foreclosure? (Yes or No)	

<p>Did the member applicant a) hold a mortgage on the property prior to the sale of the project or b) have any past financial ownership interest, direct or indirect, in the property? (Yes or No)</p>		<p>Was the property owned by the member applicant prior to the sale of the project owner? (Yes or No)</p>	
<p>If the property has not yet been acquired, does the member applicant a) currently hold a mortgage on the property or b) have a financial ownership interest, direct or indirect, in the property? (Yes or No)</p>		<p>Did the member applicant a) hold a mortgage on the property prior to the sale of the project or b) have any past financial ownership interest, direct or indirect, in the property? (Yes or No)</p>	
<p>Describe the circumstances of the member applicant's interest in the property? (4,000 character maximum)</p>		<p>If the property has not yet been acquired, does the member applicant a) currently hold a mortgage on the property or b) have a financial ownership interest, direct or indirect, in the property? (Yes or No)</p>	
<p>Is there any relationship or conflict of interest between the sellers of the property and the sponsor, owner or any member of the development team? (Yes or No)</p>		<p>Describe the circumstances of the member applicant's interest in the property? (4,000 character maximum)</p>	

<b><i>If Yes,</i></b>		Is there any relationship or conflict of interest between the sellers of the property and the sponsor, owner or any member of the development team? (Yes or No)	
Describe the relationship or conflict of interest: (4,000 character maximum)		<b><i>If Yes,</i></b>	
Attach an "as is" appraisal or documentation supporting the value of the property.		Describe the relationship or conflict of interest: (4,000 character maximum)	
		Attach an "as is" appraisal or documentation supporting the value of the property.	



## Application Details: Site Parcel Information

(Per site that is donated as indicated on prior screen)

Donating Party: \_\_\_\_\_

Parcel Number/PIN: \_\_\_\_\_

How long has the sponsor owned the donated property (years)? \_\_\_\_\_

Number of existing units: \_\_\_\_\_

Number of existing units retained at project completion: \_\_\_\_\_

Select donated documentation: \_\_\_\_\_

(Deed, Option Agreement, Quit Claim Deed, Resolution, Sales Agreement, Other)

## Application Details: Fair Housing

Will the project comply with all the federal, state and local Fair Housing Laws? \_\_\_\_\_ (Yes or No)

Attach the completed Fair Housing Form.

## Application Details: Subsidy Amount and Uses of Funds

Subsidy Amount, Grant Amount: \_\_\_\_\_

Select at least one Uses of Funds: \_\_\_\_\_

Assistance with acquisition costs, new construction, rehabilitation

Choose AHP Specific Retention (FHLBank approved retention agreement – for rental and for-sale owner-occupied projects, rehabilitation of currently owner-occupied units – retention mechanism not required) : \_\_\_\_\_

Has this application been submitted to another Federal Home Loan Bank for AHP funding? \_\_\_\_\_ (Yes or No)

***If Yes,***

FHLB of \_\_\_\_\_

(Atlanta, Boston, Chicago, Cincinnati, Dallas, Des Moines, Indianapolis, New York, Topeka, San Francisco)

Amount approved or requested: \_\_\_\_\_

Was the application previously submitted or approved by FHLB Pittsburgh? \_\_\_\_\_ (Yes or No)

***If Yes,***

Previous application or project ID(s): \_\_\_\_\_

Previous project name(s): (4,000 character maximum) \_\_\_\_\_

## Member Involvement: Member Policy

**The answers to the questions below are required for reporting purposes only.**

Does the member have a mortgage or lien on the property? \_\_\_\_\_ (Yes or No)

**If Yes,**

Loan Amount: \_\_\_\_\_

Appraised Value: \_\_\_\_\_

Interest Rate: \_\_\_\_\_

Date of Appraisal: \_\_\_\_\_

Term (in months): \_\_\_\_\_

Sale Date: \_\_\_\_\_

Does the member have any past or present financial or ownership interest in the project? \_\_\_\_\_ (Yes or No)

**If Yes,**

Describe the interest: (4,000 character maximum) \_\_\_\_\_

### **If homeownership, the below questions should be answered.**

Excluding the pass through of AHP subsidy, is non-permanent financing being provided by the member?  
\_\_\_\_\_ (Yes or No)

Excluding the pass through of AHP subsidy, is an FHLBank advance, including a Community Lending Program (CLP) advance, being provided as part of the project financing? \_\_\_\_\_ (Yes or No)

Excluding the pass through of AHP subsidy, is a mortgage loan being provided by the member? \_\_\_\_\_ (Yes or No)

Excluding the pass through of AHP subsidy, are reduced closing costs being provided by the member?  
\_\_\_\_\_ (Yes or No)

### **If rental or lease-purchase, the below questions should be answered**

Excluding the pass through of AHP subsidy, is non-permanent financing being provided by the member?  
\_\_\_\_\_ (Yes or No)

Are any bridge loans being provided for the rental project by the member? \_\_\_\_\_ (Yes or No)

Are any construction loans being provided for the rental project by the member? \_\_\_\_\_ (Yes or No)

Excluding the pass through of AHP subsidy, is an FHLBank advance, including a Community Lending Program (CLP) advance, being provided as part of the project financing? \_\_\_\_\_ (Yes or No)

Excluding the pass through of AHP subsidy, is a mortgage loan being provided by the member? \_\_\_\_\_ (Yes or No)

Excluding the pass through of AHP subsidy, are reduced closing costs being provided by the member?  
\_\_\_\_\_ (Yes or No)

## Member Involvement: Member Services

Excluding the pass through of AHP subsidy, are grants or in-kind contributions or services being provided by the member?  
\_\_\_\_\_ (Yes or No)

**If Yes,**

Describe services provided: (4,000 character maximum) \_\_\_\_\_

Fees charged: \_\_\_\_\_

## Donated Property: Donation Information

Are at least 20% of the land or units acquired from the federal government, a federal agency or instrumentality thereof?  
\_\_\_\_\_ (Yes or No)

Are at least 20% of the land or units received for a nominal sales price as defined by the Implementation Plan?  
\_\_\_\_\_ (Yes or No)

**If Yes,**

Total number of units donated to the project: \_\_\_\_\_ OR

Total square feet of land donated to the project: \_\_\_\_\_

Total number of units in the project claimed in Targeting: \_\_\_\_\_

Total square feet of land in the project: \_\_\_\_\_

Total number of properties to be acquired in the project: \_\_\_\_\_

Have all donated properties been identified on the Site Information Screen? \_\_\_\_\_ (Yes or No)

Are at least 50% of the land or units acquired at 50% or less of the Fair Market Value (FMV)? \_\_\_\_\_ (Yes or No)

**If Yes,**

Fair Market Value of all units and/or land donated to the project: \_\_\_\_\_

Total dollar amount of conveyance of donated land or units: \_\_\_\_\_

Total number of units in the project claimed in Targeting: \_\_\_\_\_

Total square feet of land in the project: \_\_\_\_\_

Total number of properties to be acquired in the project: \_\_\_\_\_

Have all donated properties been identified on the Site Information Screen? \_\_\_\_\_ (Yes or No)

## Donated Property: Donation Evidence

*(All information below is required for all properties that are donated as indicated in the previous question)*

Complete and attach the Bank's Property Conveyance Form.

Do any of your donating parties have any relationship to the project, project sponsor or project owner, or any member of the development team? \_\_\_\_\_ (Yes or No)

**If Yes,**

Describe all relationships: \_\_\_\_\_

Do any of the donating properties being acquired have any debt that will be assumed by the project? \_\_\_\_\_ (Yes or No)

**If Yes,**

Describe the amount, terms and conditions of all properties with debt: (500 character maximum) \_\_\_\_\_

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### **Sponsorship by Nonprofit: Ownership Structure (Rental Only)**

Does the project seek points for sponsorship by a not-for-profit or other qualified organization as outlined in the AHP Implementation Plan? \_\_\_\_\_ (Yes or No)

**If Yes,**

Attach the completed Project Ownership Chart – Rental.

Attach the completed Sponsorship by Qualifying Organization Form.

Is qualified organization already formed? \_\_\_\_\_ (Yes or No)

**If Yes,**

Upload evidence of organization type as outlined on Sponsorship by Qualifying Organization Form.

Upload ownership structure documents.

**If No,**

Upload evidence of organization type as outlined on Sponsorship by Qualifying Organization Form if available.

Upload ownership structure documents if available.

### **Sponsorship by Nonprofit (Homeownership Only)**

Does the project seek points for sponsorship by a not-for-profit or other qualified organization as outlined in the AHP Implementation Plan? \_\_\_\_\_ (Yes or No)

**If Yes,**

Attach the completed Sponsorship by Qualifying Organization Form.

Upload documentation of not-for-profit status.

### **Targeting**

Units less than or equal to 50% AMI (Area Median Income)	
<i>Enter the number of 50% AMI units targeted to households at or below 30% AMI _____</i>	
Units greater than 50% and less than or equal to 60% AMI	
Units greater than 60% and less than or equal to 80% AMI	
Units greater than 80% AMI	
<b>Total</b>	

## Housing for Homeless Households

Will the project specifically reserve at least 20% of the total units for populations who meet the homeless definition as outlined in the Bank's Implementation Plan? \_\_\_\_\_ (Yes or No)

***If Yes,***

Indicate how many units will be specifically reserved for the homeless: \_\_\_\_\_

How will it be documented that individuals meet the definition of homeless? \_\_\_\_\_

(Referrals, Intake Form, Other: Please List: \_\_\_\_\_ )

(If "Referral" selected) Specify the referral sources: \_\_\_\_\_

If provided, identify sources of funding for specialized services and/or any subsidies targeting eligible homeless populations: \_\_\_\_\_

Will residents be permitted to stay at least six (6) months? (If no, this application is not eligible for homeless points). \_\_\_\_\_ (Yes or No)

## Empowerment

Will the project have services that promote empowerment? \_\_\_\_\_ (Yes or No)

***If Yes,***

Please indicate which of the following resident services will be offered to increase the economic self-sufficiency of a household. If a box is checked, please attach an executed Memorandum of Understanding (MOU) next to the appropriate technique.

<b>Empowerment Techniques</b>	<b>MOU Attachment</b>
Pre-Homeownership Counseling (Homeownership Only)	
Post-Homeownership Counseling (Homeownership Only)	
Case Management	
Counseling	
Daycare Services (youth or adult)	
Education (related to economic empowerment, other than employment training)	
Employment Training	
Financial	
Financial Literacy/Credit Counseling/Budgeting	
Homeowners Association (Homeownership Only)	
Life Skills Classes (that promote economic betterment or self-sufficiency)	
On-site Primary Health Care Services	
Resident Serving on Sponsors Board	
Sweat Equity (Homeownership Only)	
Tenant Council (Rental Only)	
Transportation	
Youth or After-school Programs	

## Special Needs and/or Military Veterans

Will the project reserve at least 20% of the total units for individuals with special needs and/or military veterans?

\_\_\_\_\_ (Yes or No)

Indicate how many units will be specifically reserved for special needs and/or military veterans:

(When entering the number of special needs and/or military veterans, the totals entered into the Number of Units fields must be equal to or exceed the number entered above, if units qualify for multiple categories.)

Special Needs Population	Number of Units
Persons with HIV/AIDS	
Mentally or physically disabled persons	
Persons recovering from physical abuse	
Persons recovering from alcohol or drug abuse	
Persons recovering from emotional abuse	
Developmentally disabled persons	
Formerly incarcerated persons	
Military veterans	
Elderly persons	
Youth aging out of foster care	

Provide a description of referral sources and sponsor history of housing special needs and/or military veterans: (3,000 character maximum) \_\_\_\_\_

## Rural

Does the application meet FHLBank's definition of rural in the Implementation Plan? \_\_\_\_\_ (Yes or No)

***If Yes,***

Attach USDA determination or FHLBank's Rural Certification Form to the application.

## Rental Housing for Extremely Low-Income Households

*Automatically scored for Rental projects based on information in the Targeting screen.*

## Residential Economic Diversity

Are at least 75% of the project's properties located in a census tract(s) with a median family income that is equal to or greater than 100 percent of the regional median family income as published on the Federal Financial Institutions Examination Council's (FFIEC) website? \_\_\_\_\_ (Yes or No)

***If Yes,***

Are any sites that are part of the project known or identified? \_\_\_\_\_ (Yes or No)

***If Yes,***

For known and identified sites, attach the FFIEC printout validating the census tract's median family income for each known and identified project site. In instances where sites are known but addresses are not identified, provide the FFIEC census tract documentation reflecting the exact property/properties.

Block group data will not be accepted.

Are there any sites that are part of the project that are not yet known or identified? \_\_\_\_\_ (Yes or No)

***If Yes,***

If any sites are not yet known or identified that are part of the project, does the sponsor certify that at least 75% of the properties in the project will be located in a qualified census tract as defined above? \_\_\_\_\_ (Yes or No)

***If No,***

If sites are not yet known or identified that are part of the project, does the sponsor certify that at least 75% of the properties in the project will be located in a qualified census tract as defined above? \_\_\_\_\_ (Yes or No)

**Community Stability**

Do you wish to be considered for Community Stability points? \_\_\_\_\_ (Yes or No)

***If Yes,***

Please indicate which of the following techniques apply to your project and attach the necessary form or other documentation to each section:

<b>Community Stability Techniques</b>	<b>Attachment</b>
COMMUNITY PLANNING – Will the project be consistent with an approved plan as defined in the AHP Implementation Plan and meet targeted priorities identified in the approved plan?	Community Planning Form
HISTORIC PROPERTY REHABILITATION – Will the project rehabilitate a property of historic significance involving greater than \$25,000 per rehabilitated unit of hard rehabilitation costs?	Property of Historic Significance Form
PRESERVATION OF EXISTING SUBSIDIZED HOUSING – Will the project preserve existing subsidized housing provided that hard rehabilitation costs are greater than \$10,000 per rehabilitated unit? (Rental projects only)	Preservation of Existing Subsidized Housing Certification Form
OWNER-OCCUPIED REHABILITATION – Does the project rehabilitate currently occupied owner-occupied housing? (Owner-occupied projects that are currently occupied only)	N/A
SUSTAINED AFFORDABILITY – Will the project include an affordability compliance period of 30 years or more and utilize a community land trust model or shared equity model? (Owner-occupied rehabilitation projects that are currently occupied are not eligible for consideration)	Sustained Affordability Form
RENTAL HOUSING DEVELOPMENT – Will the project support rental housing development? (Rental projects only)	N/A

**The system will automatically score the following Community Stability technique – no attachments needed**

REHABILITATION OF EXISTING PROPERTIES - Includes projects that involve rehabilitation of existing structures, including blight removal and adaptive reuse. The rehabilitated units must be at least 75% of the project's total AHP units.

For rental projects and owner-occupied for-sale projects, the rehabilitation costs must greater than \$25,000 per rehabilitated unit of hard rehabilitation costs.

*Note: Projects that qualify for Owner-Occupied Rehabilitation points will also be eligible for the Rehabilitation of Existing Properties points.*

## Low-Income Minority Areas and Homeownership Minority Areas

Does the sponsor certify that the project meets the criteria for Projects Serving Low-Income Minority Areas as described in the AHP Implementation Plan? \_\_\_\_\_ (Yes or No)

***If Yes,***

Are any sites that are part of the project known or identified? \_\_\_\_\_ (Yes or No)

***If Yes,***

For known and identified sites, attach the FFIEC printout validating the census tract for each known and identified project site. In instances where sites are known but addresses are not identified, provide the FFIEC census tract documentation reflecting the exact property/properties. Block group data will not be accepted.

Are there any sites that are part of the project that are not yet known or identified? \_\_\_\_\_ (Yes or No)

***If Yes,***

If any sites are not yet known or identified that are part of the project, does the sponsor certify that at least 75% of the properties in the project will be located in a qualified census tract as defined above? \_\_\_\_\_ (Yes or No)

***If No,***

If sites are not yet known or identified that are part of the project, does the sponsor certify that at least 75% of the properties in the project will be located in a qualified census tract as defined above? \_\_\_\_\_ (Yes or No)

## Homeownership Projects Only

*The question below will only appear if the sponsor certifies that the project meets the criteria for Projects Serving Low-Income Minority Areas as described in the AHP Implementation Plan.*

Does the project rehabilitate currently owner-occupied housing or create homeownership opportunities in low-income minority areas as defined in the AHP Implementation Plan? \_\_\_\_\_ (Yes or No)

## Projects in FHLBank Pittsburgh's District

Are all units in the project located in Delaware, Pennsylvania or West Virginia? \_\_\_\_\_ (Yes or No)

## Rental Development Funds Committed

Rental development projects with at least 50% of the net permanent sources of funds with firm commitments approved at the time of the AHP application due date will be awarded five points. \_\_\_\_\_ (Yes or No)



## Financial Feasibility: Import Spreadsheet

Import the [Homeowner/Rental] Feasibility Workbook.

Will the project's construction be completed prior to the AHP award date? \_\_\_\_\_ (Yes or No)

Does the project involve HUD Section 811 funds? \_\_\_\_\_ (Yes or No)

Does the project involve HUD Section 202 funds? \_\_\_\_\_ (Yes or No)

Does the project involve USDA 514 funds? \_\_\_\_\_ (Yes or No)

Does the project involve USDA 515 funds? \_\_\_\_\_ (Yes or No)

Attach a floor plan, site plan and/or elevation plan.

Attach project photographs if applicable.

## Financial Feasibility: Feasibility Analysis

Construction rehabilitation costs:

Explain how costs were determined: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

*For any feasibility value that is outside of the standard,*

Explain: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

## Financial Feasibility: Commitment Letters

Attach a commitment letter for each committed funding source (marked "Y" on Financial Feasibility Workbook's "Sources of Funds" sheet).

Does the project include LIHTC equity? \_\_\_\_\_ (Yes or No)

***If Yes,***

Attach budget submitted to LIHTC funder. *Note: This is not an AHP form. This is the development budget/pro forma submitted as part of your LIHTC application.*

Will the project include construction financing? \_\_\_\_\_ (Yes or No)

***If Yes,***

Attach evidence of construction financing.

### ***Rental Only***

Is the project an existing occupied project? \_\_\_\_\_ (Yes or No)

***If Yes,***

Attach the completed Tenant Income Worksheet.

Will the project include rental subsidies or operating grants to subsidize ongoing operations? \_\_\_\_\_ (Yes or No)

**If Yes,**

Type of operating subsidy: (4,000 character maximum) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of subsidy (in years): \_\_\_\_\_

Please attach evidence of the operating subsidy listed above.

**Financial Feasibility: Rehabilitation Information (Rental Only)**

Please attach the following documents to this application: Capital Needs Assessment (CNA)/Physical Needs Assessment (PNA) if available.

Date the sponsor purchased or will purchase the property: \_\_\_\_\_

Provide current balances for replacement reserves or other reserve accounts for the property.

Replacement reserve balance: \_\_\_\_\_ as of \_\_\_\_\_

Other reserve balance: \_\_\_\_\_ as of \_\_\_\_\_

Purpose of other reserves: (4,000 character maximum) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the existing reserve balances are not applied toward the rehabilitation costs, please explain: (4,000 character maximum)  
\_\_\_\_\_  
\_\_\_\_\_

Provide information on all existing financing. Include loans and liens for which payments are not required.

**Add Loan**

Lender Name: \_\_\_\_\_

Outstanding Balance: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Annual Debt Service: \_\_\_\_\_

If the project is currently occupied, provide three years of balance sheets and income statements for the existing renovation project that validates the assumptions in the Financial Feasibility Workbook Pro Forma. (Attach)

Identify and describe any external reporting that is required. Include who the report goes to, the type of report, such as certification, tenant income report, etc., and the reporting schedule(s): (4,000 character maximum) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate whether the property is subject to any on-site reviews or inspections required by other funding sources. If yes, provide details, such as how often, by whom and the purpose: (4,000 character maximum) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Financial Feasibility: Rehabilitation Information (Owner-Occupied Only)

Describe the marketing and outreach to potential homeowners: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe the participant intake/qualification process: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe how the project's costs are determined and by whom. Please indicate if estimates or bids are provided, who provides them, if the process is competitive, minimum bids required and how contractors are identified to submit bids: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe property inspection process/procedures: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe the homeowner's involvement in the scope of work process, contractor selection and completion of work validation: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe the strategy to prioritize work and implementation: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe the project completion of work validation: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Describe the development team's ability and experience to complete this project and how the number of homeowners expected to be assisted in this owner-occupied rehabilitation project will be assisted within a 12-month period: (4,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Is there a waiting list of homeowners? \_\_\_\_\_ (Yes or No)

***If Yes,***

Please indicate how many individuals/families are on the list: \_\_\_\_\_

Attach list of individuals/families.

Indicate the standard that the sponsor uses to verify that the property improvements meet acceptable conditions by selecting one of the following (Housing Quality Standards (HQS), Local Housing Code, or Other): \_\_\_\_\_

If "Other" selected, please describe: \_\_\_\_\_

\_\_\_\_\_

Please indicate the number of homeowners assisted and/or homes rehabilitated by the sponsor in the past 3-year period:

\_\_\_\_\_

## Relocation

Will the project involve any permanent relocation of the current occupants? \_\_\_\_\_ (Yes or No)

***If Yes,***

Attach the completed Relocation Form.

Are permanent relocation expenses included in the development budget? \_\_\_\_\_ (Yes or No)

Will the project involve temporary relocation during construction and no permanent displacement? \_\_\_\_\_ (Yes or No)

***If Yes,***

Attach the completed Relocation Form.

Are temporary relocation expenses included in the development budget? \_\_\_\_\_ (Yes or No)

## Sponsor Role

Specify the lead sponsor's role in the AHP project: \_\_\_\_\_

(owner, qualifying borrowers and arrange financing for homeowners, developer, property manager, empowerment or supportive services provider, construction or rehab manager, general partner, planner, other:

Attach the Sponsor Experience Form.

## Primary Developer

Is the sponsor also the primary developer? \_\_\_\_\_ (Yes or No)

***If No,***

Primary Developer Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Type: \_\_\_\_\_ (non-profit, for profit, housing authority)

Telephone Number: \_\_\_\_\_

CEO's Name: \_\_\_\_\_

Attach the completed Developer Experience form.

## Development Team: Role Selection

Indicate the roles represented on the AHP project working team:

Role	
Co-Developer	
Consultant	
General Contractor	
Builder	
Management Company	
Architect	
Engineer	
Attorney	
Other, List:	

Describe the selection process for the members of the development team – both for those selected and those to be selected: (4,000 character maximum) \_\_\_\_\_

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## Development Team: Team Members

Listed below are the names of the members assigned to the project development team. For each member of the development team, list their affordable housing experience that is similar in size, scope and target population to the currently proposed project. Include the current status of these similar projects.

**For each role above, indicate the following:**

Company Name: \_\_\_\_\_

Person Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contract Executed: \_\_\_\_\_

Is Team Member a minority-owned or women-owned business according to FHLBank's definition? \_\_\_\_\_ (Yes or No)

Describe their affordable housing experience that is similar in size, scope and target population to the proposed project. Include the current status of these similar projects. (4,000 character maximum) \_\_\_\_\_

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## Disclosure

Has the sponsor or any member of the development team been barred from participation by any funder, or have any outstanding compliance or performance issues with any FHLBank or any other funding source? \_\_\_\_\_ (Yes or No)

**If Yes,**

Explain: \_\_\_\_\_

Is the sponsor or any member of the development team involved in unresolved fair housing issues or investigations? (Yes or No)

**If Yes,**

Explain: \_\_\_\_\_

Are there any relationships between parties involved in the project (sponsor, owner or members of the development team, member bank, etc.) that could pose a conflict of interest or potential conflict of interest? \_\_\_\_\_ (Yes or No)

**If Yes,**

Explain: \_\_\_\_\_

Are there any relationships or conflicts of interest between sellers of the properties involved in the project and the sponsor, owner or any member of the development team? \_\_\_\_\_ (Yes or No)

**If Yes,**

Explain: \_\_\_\_\_

## Market Study

Has an independent, third-party market study or market study update been completed for the project within 12 months of the AHP Application due date? \_\_\_\_\_ (Yes or No)

**If Yes,**

Name of the organization completing the market study: \_\_\_\_\_

Date Market Study or Market Study Update completed: \_\_\_\_\_

Indicate the absorption rate (in months): \_\_\_\_\_

Indicate the capture rate (%): \_\_\_\_\_

Indicate the penetration rate (%): \_\_\_\_\_

Provide the executive summary, the preparer's name and credentials, date of market study, conclusion and recommendations (including income targeting, rent levels, recommended vacancy rate and affordability, potential market demand (penetration and absorption) and impact on other housing.

Please attach the independent, third-party market study executive summary. If the application is submitting a market study update, include the executive summary of the original market study.

**If No,**

*Note: For owner-occupied projects with 12 or more units and rental projects with 20 or more units, a market study prepared by an independent, experienced market analyst or a Housing Finance Housing Needs Assessment is required, unless the project qualifies for an exception to this standard as indicated in the AHP Implementation Plan. A market study update completed by an independent experienced market analyst may also be provided if it is dated within one year of round closing.*

Summarize the demonstrated need and demand for all units in the AHP project citing third-party documentation, including but not limited to, a needs assessment or a local housing market assessment, dated within 18 months of the application due date: (3,000 character maximum) \_\_\_\_\_

\_\_\_\_\_

Attach any documentation that will support the market demand for the type of housing being developed.

**Project Timeline**

AHP initial draw date: \_\_\_\_\_

100% of financing committed date: \_\_\_\_\_

Project closing date: \_\_\_\_\_

Construction/rehabilitation start date: \_\_\_\_\_

Complete construction/rehabilitation of all units date: \_\_\_\_\_

Date of anticipated certificate of occupancy/certificate of substantial rehabilitation: \_\_\_\_\_

Lease up or sales 100% complete date or owner-occupied rehabilitation with no sales 100% complete date: \_\_\_\_\_

Attach the completed Project Timeline form.

Does the project have 100% site control? \_\_\_\_\_ (Yes or No)

**If Yes,**

Please attach evidence of site control.

**If No,**

Select the date when site control is expected:

Explain why the project does not currently have site control and describe the process to gain site control: (4,000 character maximum)

Does the entire project comply with current zoning? \_\_\_\_\_ (Yes or No)

**If Yes,**

Attach evidence of zoning compliance.

**If No,**

Date zoning approval is expected:

Describe the process to secure zoning approval and any obstacles to the approval process: (4,000 character maximum) \_\_\_\_

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Does the project involve any known environmental issues? \_\_\_\_\_ (Yes or No)

***If Yes,***

Indicate date remediation will be complete: \_\_\_\_\_

Describe how the environmental assessment was conducted: (4,000 character maximum)\_\_\_\_\_

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Describe the extent of the environmental issue, remediation plan and the cost to remediate: (4,000 character maximum) \_\_\_\_\_

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Attach supporting environmental documentation.

***If No***

Describe how the determination was made that no environmental issues exist: (4,000 character maximum)\_\_\_\_\_

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Are 100% of funding sources (excluding AHP) fully committed? (Firm commitment letters must not be subject to any additional underwriting, significant conditions or additional approval authority. A firm commitment will be determined at the discretion of FHLBank). \_\_\_\_\_ (Yes or No)

***If Yes,***

Please attach firm commitment letters.

***If No,***

Use text box to explain anticipated funding dates: (4,000 character maximum)\_\_\_\_\_

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## **SPONSOR CERTIFICATION:**

By checking the box, I, the undersigned, hereby certify that I am an authorized representative of the Project Sponsor and possess the requisite legal authority to make this certification. For and on behalf of the Project Sponsor, I hereby agree, acknowledge, and certify (as the case may be) as follows:

The AHP subsidy will only be used for the purposes specified in the approved Affordable Housing Program ("AHP") application and in accordance with the AHP Regulation promulgated by the Federal Housing Finance Agency ("FHFA") (including any successor) at 12 C.F.R. Part 1291 (the "AHP Regulation") and the related policies and procedures of the Federal Home Loan Bank of Pittsburgh ("FHLBank"). The subsidy received for this project will not be used for any purpose prohibited by the AHP Regulation. The project will comply with the requirements of all applicable federal and state laws on fair housing and housing accessibility, including, but not limited to, the Fair Housing Act, the Rehabilitation Act of 1973, the Architectural Barriers Act of 1969, and the Americans with Disabilities Act of 1990 and affirmative marketing requirements.

Owner-occupied projects where a household receives AHP subsidy for purchase, or purchase in conjunction with rehabilitation, of an owner-occupied unit are subject to a retention period of five (5) years from the date of closing. Rental projects are subject to a retention period of fifteen (15) years from the date of project completion as determined by FHLBank. The Sponsor approving this application (the "Sponsor") will ensure that the rental project, or each of the AHP assisted units of an owner-occupied project where a household receives AHP subsidy for purchase, or purchase in conjunction with rehabilitation, of an owner-occupied unit, is subject to a legally enforceable retention agreement or mechanism meeting the requirements of the applicable provisions of the AHP Regulation.

The Sponsor will be bound by the representations and commitments made in the project's approved application, or in a modification request approved by FHLBank in its sole discretion. Any changes to the information provided in the approved application that impact the scoring or feasibility of the project must be reported to FHLBank. The Sponsor agrees to perform such monitoring as may be required by the AHP Regulation or FHLBank's AHP policies and procedures, and maintain and submit documentation, reports, and certifications required to demonstrate proper use of the AHP subsidy and compliance with application commitments.

In the event that the project is not in compliance with the AHP Regulation and FHLBank AHP policies and procedures, the proceeds of a funded AHP subsidy (plus interest, if appropriate) will be recaptured and the unused or improperly used subsidy will be returned to FHLBank.

The Sponsor certifies that the information provided in this application is true, complete, and accurate, and that it will be bound by the commitments made in the application. The Sponsor acknowledges that any misrepresentations or false or fictitious statements made in the application, which are used by FHLBank to award an AHP subsidy, as well as any material changes to the application that are not communicated to FHLBank, may result in the withdrawal or required repayment of the awarded AHP subsidy (plus interest, if appropriate).

In furtherance of the foregoing, the Sponsor certifies that it (i) meets all of the qualification criteria established by FHLBank in the AHP Regulation and the Bank's AHP policies and procedures; and (ii) has not, is not, and will not engage in "covered misconduct" as defined in the FHFA's Suspended Counterparty Program regulation (found at 12 C.F.R., Part 1227). The Sponsor represents and warrants that it has full corporate power and authority, and has received all corporate and governmental authorizations and approvals as may be required, to enter into and perform its obligations under this application.

The person representing the Sponsor by approving this application is duly authorized by the Sponsor to make such representations and commitments as presented in this application.

## MEMBER CERTIFICATION

By checking the box, I, the undersigned, hereby certify that I am an authorized representative of the Member and possess the requisite legal authority to make this certification. For and on behalf of the member, I hereby agree, acknowledge, and certify (as the case may be) as follows:

The AHP subsidy will only be used for the purposes specified in the approved Affordable Housing Program ("AHP") application and in accordance with the AHP Regulation promulgated by the Federal Housing Finance Agency ("FHFA") (including any successor) at 12 C.F.R. Part 1291 (the "AHP Regulation") and the related policies and procedures of the Federal Home Loan Bank of Pittsburgh ("FHLBank"). The subsidy received for this project will not be used for any purpose prohibited by the AHP Regulation. The project will comply with the requirements of all applicable federal and state laws on fair housing and housing accessibility, including, but not limited to, the Fair Housing Act, the Rehabilitation Act of 1973, the Architectural Barriers Act of 1969, and the Americans with Disabilities Act of 1990 and affirmative marketing requirements.

Owner-occupied projects where a household receives AHP subsidy for purchase, or purchase in conjunction with rehabilitation, of an owner-occupied unit are subject to a retention period of five (5) years from the date of closing. Rental projects are subject to a retention period of fifteen (15) years from the date of project completion as determined by FHLBank. The FHLBank member approving this application (the "Member") will ensure that the rental project, or each of the AHP assisted units of an owner-occupied project where a household receives AHP subsidy for purchase, or purchase in conjunction with rehabilitation, of an owner-occupied unit, is subject to a legally enforceable retention agreement or mechanism meeting the requirements of the applicable provisions of the AHP Regulation.

The Member will be bound by the representations and commitments made in the project's approved application, or in a modification request approved by FHLBank in its sole discretion. Any changes to the information provided in the approved application that impact the scoring or feasibility of the project must be reported to FHLBank. The Member agrees to perform such monitoring as may be required by the AHP Regulation or FHLBank's AHP policies and procedures.

In the event that the project is not in compliance with the AHP Regulation and FHLBank AHP policies and procedures, the proceeds of a funded AHP subsidy (plus interest, if appropriate) will be recaptured and the unused or improperly used subsidy will be returned to FHLBank.

The Member certifies that the information provided in this application is true, complete, and accurate, and that it will be bound by the commitments made in the application. The Member acknowledges that any misrepresentations or false or fictitious statements made in the application, which are used by FHLBank to award an AHP subsidy, as well as any material changes to the application that are not communicated to FHLBank, may result in the withdrawal or required repayment of the awarded AHP subsidy (plus interest, if appropriate).

In furtherance of the foregoing, the Member certifies that it (i) is a member of FHLBank, as specified in the AHP Regulation, at the time this application is being submitted and is in good standing; and (ii) is not a suspended individual or entity on the FHFA's Suspended Counterparty list (available on FHFA.gov). The Member represents and warrants that it has full corporate power and authority, and has received all corporate and governmental authorizations and approvals as may be required, to enter into and perform its obligations under this application.

The person representing the Member by approving this application is duly authorized by the Member to make such representations and commitments as presented in this application.

