



Native American Homeownership Initiative Commitment Form

Please complete a new form for each commitment. Please carefully read the Program Guidelines available at the Community Investment page of the Home Loan Bank's web site http://www.fhlbdm.com/ci_ahp_nahi.htm or call the Community Investment Dept. at 800.544.3452, ext. 1173 for a copy.

Enrollment Number:	Commitment Amount Requested (up to \$50,000):
Member Name:	Contact Person Telephone Number:
Member Number:	Contact Person Fax Number (must include to receive confirmation):
Contact Person:	Contact Person Email Address:
Contact Person Address:	

Each enrolled member may commit up to \$50,000 for up to 90 days. The 90-day period commences upon receipt of the commitment form. A member may not commit additional funds until any committed funds are expended. Funds not disbursed by the end of the 90 days will be made available to members for commitment. NAHI Funds are disbursed on loans closed following receipt and approval of all required Certification and Draw Request paperwork. **NOTE: Signed agreements sent to you upon enrollment must be received in our office prior to submitting a Commitment Form.**

In order to commit funds, this form must be executed by a representative from your institution who is authorized to borrow funds from the Federal Home Loan Bank of Des Moines (Bank) or your institution's designated AHP representative, as noted on the Authorized Personnel Form on file with the Bank.

Authorized Representative Signature:	Date:	Printed Name of Authorized Representative:
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This commitment form can be faxed to 515.699.1270. For additional information, contact the Community Investment Department at 800.544.3452, ext. 1173.

NAHI funds will be committed in the order received. Commitment forms faxed after 3:00 PM will be reviewed the following business day. Approved commitments will be confirmed by fax and made a part of your agreement.

(FHLB Use Only)

- Commitment in the amount of \$_____ has been accepted and expires on _____.
- Funds are not available at this time.

Approved by: _____ Date: _____