



# Homeownership Extension Request

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

Project Number: \_\_\_\_\_

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

Sponsor/Owner: \_\_\_\_\_

Sponsor/Owner Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Extension needed until (date): \_\_\_\_\_

**Please explain the need for the extension. The information should include an explanation of factors causing the delay, timing, status, and requirements of applications for other funding sources in the project. Attach supporting or additional documentation as necessary.**

*(Please refer to the Implementation Plan for Timing of AHP Subsidy Use requirements)*

\_\_\_\_\_  
Sponsor/Owner Signature

\_\_\_\_\_  
Typed/Printed Name

**Please return the completed form and supporting documentation to Federal Home Loan Bank of Des Moines fax # 515-699-1270 or email [communityinvestment@fhlbdm.com](mailto:communityinvestment@fhlbdm.com).**

<b>THIS SECTION FOR HOME LOAN BANK USE ONLY</b>
Extension: Approved _____ Denied _____
Extended to: _____
Approved by: _____ Date: _____