Homeowner Attestation Form
Affordable Housing Program (AHP) & Down Payment Products (DP)

FEDERAL HOME LOAN BANK OF DES MOINES

AHP & DP Income and Eligibility Attestation ("Attestation")

This Attestation is made and signed by the undersigned Homeowner(s) in connection with income and other eligibility adherence for an AHP- or DP-assisted owner-occupied unit.

DECLARATION OF INTENT

I/We, the undersigned Homeowner(s), hereby certify, declare, and agree as follows:

1. **All Household Members Included:** All titleholders, mortgagees (excluding non-resident co-signers and/or guarantors), and household members who will occupy the property are included in the Federal Home Loan Bank of Des Moines (FHLB Des Moines) Income Calculation Workbook and other documents as may be submitted to FHLB Des Moines.

2. **Disclosure of Income & Eligibility:** All sources of income as required by FHLB Des Moines, and other AHP or DP eligibility requirements have been truthfully, completely, and accurately disclosed.

3. **First-Time Homebuyer (Home$tart® only):** For purposes of down payment assistance on an owner-occupied unit, I/we have not owned a home during the prior 3-year period as defined by the Federal Home Loan Bank of Des Moines in its current AHP Implementation Plan.

PURPOSE OF ATTESTATION

I/We understand the information in this Attestation is being relied upon by the FHLB Des Moines member/AHP project sponsor in connection with the determination of my household's eligibility for an AHP- or DP-assisted owner-occupied unit. I understand that providing false statements, misrepresentations, or omissions regarding this Attestation may result in penalties or legal action.

Homeowner(s), defined as individual(s) that will be on title, sign below.

_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE
_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE

MEMBER OR SPONSOR CERTIFICATION

Certification (Required): I attest, as a representative of the Member/Sponsor, that the requirements for the AHP or DP grant are met and all information supplied to the FHLB Des Moines is true, complete, and accurate.

_____	_____	_____
SIGNATURE	TITLE	DATE