Affordable Housing Program (AHP)

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| _Pic2 | Federal Home Loan Bank of Des Moines |

SPECIAL NEEDS CERTIFICATION



AHP Project Name: AHP Project Number:

Applicant Name: Unit Number:

A certain number of units at this property have been set aside for households with a household member who falls within the following definition:

“**SPECIAL NEEDS**” means an individual(s) with any of the following: mental or physical impairment, recovering from physical abuse, recovering from substance abuse, persons with HIV/AIDS, or elderly.



Do you or a member of your household fall within this definition? *Do not identify specific AHP-eligible Special Need.*

O Yes (If yes, *Special Needs Verification* section below needs to be completed) O No

By signing below, I authorize the release of this information to the Federal Home Loan Bank of Des Moines.

Signature of Applicant:



**Special Needs Verification**

I certify that the above referenced applicant falls within the **Special Needs** definition above. I certify this

information as the applicant’s (please check the appropriate box):

O Medical Professional

O Family Member/Care Giver
O Case Manager

O Project Sponsor (for elderly or persons receiving SSI, SSDI, or VA disability benefits)

Signature: Date:

Print Name: Title:

AHP Special Needs Certification

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