Affordable Housing Program (AHP)

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| _Pic2 | Federal Home Loan Bank of Des Moines |

SPECIAL NEEDS CERTIFICATION

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| **This section should be completed by the AHP project sponsor.** |

AHP Project Name: Click or tap here to enter text. AHP Project Number: Click or tap here to enter text.

Applicant Name: Click or tap here to enter text. Unit Number: Click or tap here to enter text.

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: Elderly, disabled, formerly incarcerated persons, unaccompanied youth, persons recovering from substance or physical abuse (may include dating

violence, sexual assault or stalking and domestic violence), or persons with HIV/AIDS.

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| **This section should be completed by the applicant tenant/homebuyer.** |

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

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

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

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **This section should be completed by an individual who can verify the applicant’s special needs status (see below).** |

**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):

Medical Professional

Family Member/Care Giver  
Case Manager

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Print Name: Click or tap here to enter text. Title: Click or tap here to enter text.

AHP Special Needs Certification

**PAGE 1 OF 1 : REV 5/2021**