



Affordable Housing Program Homeless Certification Form

This section should be completed by the AHP project sponsor.

AHP Project Name: _____ AHP Project Number: _____

Applicant Name: _____ Unit Number: _____

A certain number of units at this property have been set aside for households that fall within the following definition:

"HOMELESS" means a household made up of one or more individuals, other than individuals imprisoned or otherwise detained pursuant to state or federal law, who: (1) lack a fixed, regular, or adequate nighttime residence; or (2) have a primary nighttime residence that is: (a) a supervised publicly or privately owned operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or (b) a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, camping ground, etc. Additionally, households will be considered homeless if they: (a) are fleeing or attempting to flee domestic violence or other dangerous or life threatening conditions; (b) will imminently lose their housing, including housing they own, rent, or live in without paying rent or are sharing with others; or (c) are "doubled-up" temporarily in any other household's dwelling unit.

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

Does your household fall within this definition? If yes, please describe your current housing situation indicating how the Homeless requirements listed above are being met, then sign and date below.

By signing below, I authorize the release of this information to FHLB Des Moines.

Signature of Applicant: _____ Date: _____

This section should be completed by an individual who has knowledge of the household's homeless status.

I certify that the above referenced applicant falls within the **Homeless** definition above.

Service Provider Signature: _____ Date: _____

Print Name: _____ Title: _____

Organization Name: _____ Phone: _____