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: _____