



Rental Extension Request

Date: _____

Project Number: _____

Project Name: _____

Sponsor/Owner: _____

Sponsor/Owner Contact: _____ Phone: _____ Email: _____

Member Name: _____

Member Contact: _____ Phone: _____ Email: _____

Extension needed until (date): _____

Please explain the need for the extension. The information should include an explanation of factors causing the delay; timing, status, and requirements of applications for other funding sources in the project. Attach supporting or additional documentation as necessary.

(Please refer to the Implementation Plan for Timing of AHP Subsidy Use requirements)

Sponsor Owner Signature

Typed/Printed Signer Name

Please return the completed form and supporting documentation to Federal Home Loan Bank of Des Moines fax # 515-699-1270 or email CommunityInvestment@fhlbdm.com.

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| <p>THIS SECTION FOR HOME LOAN BANK USE ONLY</p> <p>Extension: Approves _____ Denied _____</p> <p>Extend to: _____</p> <p>Approved by: _____</p> <p>Date: _____</p> |
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