

# Affordable Housing Program Modification Request

The Federal Home Loan Bank of Des Moines, in its sole discretion, may approve modifications to the terms of an approved project if unusual or unforeseen conditions require a change. Note: This may be done prior to or after the final disbursement of AHP funds.

The member, sponsor or owner must submit a written request to FHLB Des Moines outlining the reason for the change(s). A modification may be approved by FHLB Des Moines provided that:

- The project, incorporating any such changes, would meet the eligibility requirements of the AHP regulations;
- The application, as reflective of such changes, continues to score high enough to have been approved in the funding period in which it was originally scored and approved by the Bank; and
- There is just cause for the modification.

A modification request from the member or sponsor must include:

- A complete and detailed explanation of how the proposed change differs from the original application;
- An explanation of why the change is needed and why the previously approved commitments can no longer be met.
- Revised Feasibility Workbook (for projects requesting significant changes; i.e. Amounts or sources of other funding and/or changes to income or other targeting.)

Please return the completed form and supporting documentation to Federal Home Loan Bank of Des Moines by fax at 515.699.1270 or email [communityinvestment@fhlbdm.com](mailto:communityinvestment@fhlbdm.com)

**I have reviewed the requested modification and certify that all information provided is true and accurate. I have attached supportive documentation for each change identified below.**

|                              |       |
|------------------------------|-------|
| Member Institution Signature | Date  |
| Printed Typed Name           | Title |

|                         |       |
|-------------------------|-------|
| Sponsor/Owner Signature | Date  |
| Printed Typed Name      | Title |



# Modification Request Form



Date: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Sponsor/Owner: \_\_\_\_\_

Sponsor/Owner Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Provide a description of the modification requested. Attach additional pages as necessary.

Type of Modification Requested: *(check all that apply and describe the proposed change(s))*

- AHP Subsidy Amount \_\_\_\_\_
- Income Targeting \_\_\_\_\_
- Number of Units \_\_\_\_\_
- How will this impact the following:
- Units reserved for Special Needs \_\_\_\_\_
- Units reserved for Homeless \_\_\_\_\_
- Subsidy Per Unit (SPU) \_\_\_\_\_
- Number of Units Reserved for Homelessness \_\_\_\_\_
- Number of Units Reserved for Special Needs \_\_\_\_\_
- Number of Units Reserved for Distressed Populations \_\_\_\_\_
- Empowerment Services \_\_\_\_\_
- Project Location \_\_\_\_\_
- Project Sponsor \_\_\_\_\_
- Member Bank \_\_\_\_\_
- Other \_\_\_\_\_

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