



Affordable Housing Program (AHP)

SPECIAL NEEDS CERTIFICATION

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 with a household member who falls within the following definition:

“SPECIAL NEEDS” means an individual(s) with any of the following: mental or physical impairment, recovering from physical abuse, recovering from substance abuse, persons with HIV/AIDS, or elderly.

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: \_\_\_\_\_

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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_