



## HOUSING ASSOCIATE APPLICATION

<b>APPLICANT INFORMATION</b>			
Type of Financial Organization		Date of Incorporation	
Legal Name of Institution			
Address			
City	State	County	Zip
Phone	Fax		
Primary Contact			
Title		Email	
Secondary Contact			
Title		Email	
Federal Tax ID #		FHA Mortgagee #	

<b>REGULATORY AND INDEPENDENT AUDIT INFORMATION</b>	
Date of Most Recent Exam	
Regulator	
Date of last External/Independent audit	
Name of Independent Audit/CPA firm	

### EXHIBITS

Please submit one copy of the following items in support of this application.

1. Copies of the three (3) most recent audited financial statements.
2. Copies of the program policies, rules and regulations.
3. Copy of the organization's articles of incorporation, bylaws or charter.
4. Copy of the organization's most recent rating agency report.
5. Copy of organization's internal "watch list."
6. Copy of FHA Certificate of Approval as a mortgagee.
7. Copy of organization's enabling statutes, if applicable.



# HOUSING ASSOCIATE APPLICATION

## SCHEDULE 1

Applicant Name

### NAME AND TITLE OF SENIOR MANAGEMENT AND DIRECTORS

NAME	TITLE



## HOUSING ASSOCIATE APPLICATION

### SCHEDULE 2

Applicant Name

#### **CERTIFICATION OF ADOPTED BOARD RESOLUTIONS**

I certify that I am the duly elected, qualified, and acting secretary of the above mentioned applicant and that at a regular meeting of its board of directors/trustees or at a special meeting thereof called for that purpose, a quorum being present, a resolution was adopted, and recorded in the minutes as follows:

"BE IT RESOLVED, That this institution applies for Housing Associate status in the Federal Home Loan Bank of Des Moines, that if approved, it be fully authorized to do business with, and exercise all of the privileges of a Housing Associate as provided in the Federal Home Loan Bank Act, as amended;

BE IT FURTHER RESOLVED, That the president and secretary be authorized and directed to execute an application as prescribed by the Federal Housing Finance Agency and any other papers and documents required in connection therewith, to pay all expenses, and to do all other things necessary or proper in connection with applying for, obtaining and retaining such Housing Associate privileges thereof as the said Board may so subscribe."

I further certify that, pursuant to said resolution, the foregoing application for Housing Associate status was duly executed and that any information and documents required by the Federal Housing Finance Agency are attached or accompany the same, that said information is correct and said documents are true and correct copies of what the same purport to be.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date



# HOUSING ASSOCIATE APPLICATION

[SEAL]

<b>SCHEDULE 3</b>
Applicant Name

<b>AFFIDAVIT</b>
State of (_____)
County of (_____)

The undersigned certifies that:

1. The information submitted in support of this application is correct; and
2. Neither the applicant nor any of its directors or senior officers, have been the subject of any relevant criminal, civil or administrative proceedings reflecting on creditworthiness, business judgment or moral turpitude since the last examination by the applicant's primary regulator.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
City and State

\_\_\_\_\_  
President

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

[SEAL]