Federal Home Loan Bank of Des Moines

Special Needs Tracking Sheet for AHP Projects

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| --- |
| AHP Project #:       |
| Project Name:       |
| Last name, first name | Special Needs Type(enter code) | How Determined (enter code for all apply) |
|  | A = ElderlyB = Mental or Physical DisabilityC = Victim of Physical AbuseD = Alcohol or Drug AbuseE = AIDS | 1 = USDA rule2 = HUD rule3 = State Housing Authority4 = Other Definition (describe) 5 = Application6 = Personal Interview |

 **Unit # Ex: Smith, John\* A, B\* 2, 5\***

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| --- | --- | --- | --- | --- |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
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| 25 |       |       |       |       |
| 26 |       |       |       |       |
| 27 |       |       |       |       |
| 28 |       |       |       |       |
| 29 |       |       |       |       |
| 30 |       |       |       |       |

\*In this example John Smith is an elderly person with physical disability as defined by HUD, determined from the application.

**Sponsor Certification**

The undersigned, authorized representative of the Project Sponsor, certifies to the Member Institution and the Federal Home Loan Bank of Des Moines (the Bank) that the above named individuals meet the Special Needs requirement in connection with the project.

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Sponsor/Owner Signature Title Date

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Printed Name Organization