|  |
| --- |
| AHP Project #:       |
| Project Name:        |
| Special Needs Code | Determined By Code |
| **D** = Disabled**E** = Elderly**F** = Formerly Incarcerated**H** = HIV/AIDs**PA** = Physical Abuse**SA** = Substance Abuse**U** = Unaccompanied Youth | **1** = USDA rule**2** = HUD rule**3** = State Housing Authority**4** = Other Definition (describe) **5** = Application**6** = Personal Interview |

 **Enter Code(s) for all that Apply**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Unit #** | **Name (last, first)** | **Special Needs** | **Determined By** |
| Ex. | 111 | Smith, John | D, E | 2, 5 |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| 6 |       |       |       |       |
| 7 |       |       |       |       |
| 8 |       |       |       |       |
| 9 |       |       |       |       |
| 10 |       |       |       |       |
| 11 |       |       |       |       |
| 12 |       |       |       |       |
| 13 |       |       |       |       |
| 14 |       |       |       |       |
| 15 |       |       |       |       |
| 16 |       |       |       |       |
| 17 |       |       |       |       |
| 18 |       |       |       |       |
| 19 |       |       |       |       |
| 20 |       |       |       |       |
| 21 |       |       |       |       |
| 22 |       |       |       |       |
| 23 |       |       |       |       |
| 24 |       |       |       |       |
| 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Organization