ır	١.		\sim	1	1	16
IL	<i>)</i> .	Г	C -			۱6

FIRST HOME CLUB COUNSELING AGENCY PARTICIPATION FORM

sm

The Federal Home Loan Bank of New York ("FHLBNY") will process the request to approve a counseling agency for participation in the First Home Clubsm program when an approved First Home Club Member Participant ("Member") initially reviews and submits this First Home Club Counseling Agency Participation Form along with all the information specified below.

Name of Counseling Ago	ency					
Contact Person		To be listed on FHLBNY public website? ☐ YES ☐ NO* (if no, provide Web Contact below)				
Title						
Address	City	State	•	Zip Code		
Telephone Number	Fax Number		Email Address			
Website	I					
SUBMIT THE FOLLOWING						
Please verify inclusion and legibility of all documentation submitted.						
☐ Homebuyer Education Syllabus						
Include a copy of the	Syllabus that fulfils the FH	ILBNY's Homeowr	ership Counseling	Guidelines [FHC-111]		
☐ Homebuyer Counseling Certificate of Completion						
Include a Sample Certificate of Completion awarded to First Home Club participants.						
☐ Request to receive First Home Club Counseling Defrayment [up to \$500]						
*If YES, amount of defrayment requested: \$						
Appropriate supporting documentation for defrayment requested must accompany this Participation Form that confirms the cost of counseling the household. Several methodologies for calculating such are available on the web, including: www.joe.org and www.nw.org .						
☐ FHLBNY Website C	ontact					
Same as above YES	(skip to Signature Certificati	on on next page)	☐ NO* (if no, prov	ide Web Contact below)		
Contact Person		Title				
Telephone Number	Fax Number	Email Address (n	ail Address (may be team mailbox such as counseling@ABC-agency.com)			

The undersigned have read and fully understand and agree to the Homeownership Counseling Guidelines [FHC-111]. The FHLBNY and Member reserve the right to change the terms and conditions at any time, without prior notice. The Counseling Agency fully understands that the limited funds are available on a first-come first-served basis and even if the Counseling Agency meets the First Home Club terms and conditions this does not guarantee that there will be funds available at the time that the First Home Club Household qualifies. The FHLBNY, in its sole discretion, may refuse to honor a First Home Club Funding Request. The Counseling Agency further agrees that any proceeds which will not be, or cease to be, used for the purposes approved by the FHLBNY will be recaptured and the unused, or improperly used, subsidy will be returned to the FHLBNY. The Member and Counseling Agency understand by executing this Participation Form, the Counseling Agency is

also at liberty to work with all other approved	FHC Participating Members in the best interest of the household.
Counseling Agency	
Print Name	Title
	Date
FHLBNY Participating Member	
Print Name	Title
Authorized Signature	Date
FHLBNY Participating Mo	ember - Please return form with required documentation to: First Home Club Federal Home Loan Bank of New York 101 Park Avenue, 5 th Floor New York, NY 10178
	OR
	VIA EMAIL: fhc@fhlbny.com

Thank you for your interest to participate in the First Home Club program!

A confirmation of First Home Club Counseling Agency participation will be provided and contact information published online to www.fhlbny.com.

For Federal Home Loan Bank of New York Use Only				
Approval Signature	Date			
Print Name				