



**FIRST HOME CLUB<sup>sm</sup> MEMBER APPLICATION**

FHLBNY Members may apply to participate in the FHC program by completing this Member Application. With submission of this application they Member acknowledges they have reviewed and will comply with the FHLBNY FHC Program Guidelines. Members must be in good standing with the FHLBNY and originate home mortgages directly or through a wholly-owned subsidiary.

Submit application and required documentation to the FHC Mailbox at: [FHC@fhlbny.com](mailto:FHC@fhlbny.com)

Member Name: \_\_\_\_\_

Contact Person/ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Required Documentation:**

- First Time Home Buyer Policy Statement
- Special Incentives - Description of financial or other incentives, mortgage programs, or any other grants to be offered by the Member in connection with FHC Program.
- First Home Club Dedicated Savings Account - Description of the First Home Club dedicated savings account and what measures will be taken to monitor account activity ensuring households are making deposits in accordance with their savings plan
- Marketing Materials - Marketing advertisements, pamphlets, or brochures regarding First-Time Homebuyer Program. (If not available, please provide a description of the marketing materials intended to be utilized.)

**CERTIFICATION**

Member certifies that the information provided is true and accurate. The grant shall only be for first-time home buyers for downpayment, closing cost assistance and counseling costs in connection with a household's purchase of an owner-occupied housing unit to be used as the household's primary residence. The Member certifies that the grant will only be used as authorized under § 1291.6 of the Affordable Housing Program Regulations. Member concedes that any proceeds which will not be, or cease to be, used for the purposes approved by the Federal Home Loan Bank of New York will be recaptured and the unused, or improperly used, grant will be returned to the FHLBNY. Member agrees to submit reports and documentation as required. Member acknowledges and agrees to the First Home Club Program Guidelines. Member agrees to indemnify the FHLBNY for any noncompliance with the Program Guidelines, AHP Regulations, and Enrollment Terms and Conditions.

|  |       |
|--|-------|
| Authorized Signature of Member's Managing Officer (Chairman, President, Exec. VP, or SR. VP) | Title |
| Print Name   | Date  |

**FIRST HOME CLUB<sup>sm</sup> CONTACT LIST**

**Primary Contact**

Primary Contact Name: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

**Secondary Contact**

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Title: \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

Secondary Contact Email Address: \_\_\_\_\_

**Website Contact**

Website Contact Name: \_\_\_\_\_

Website Contact Title: \_\_\_\_\_

Website Contact Phone Number: \_\_\_\_\_

Website Contact Email Address: \_\_\_\_\_