



### FHLBNY MEMBERSHIP APPLICATION

Legal Name of the Applicant: \_\_\_\_\_  
(as specified in regulatory charter)

Official Home Office Address: \_\_\_\_\_  
(street) (city, state and zip code)

Contact Information: \_\_\_\_\_  
(name, title) (mailing address)  same as the Official Home Office Address  
\_\_\_\_\_  
(phone number) (fax number) (e-mail address)

**Please submit the following documents required for membership application:**

1. Original FHLBNY Membership Application.
2. Original Membership Forms & Agreements (refer to [HLB-100](#)).
3. Original [Security Device Application Form](#) for individuals requesting 1Link<sup>SM</sup> transaction authorization (at least one user).
4. Copy of Charter/Organization Certificate/Certificate of Authority. If applicable, copy of Certificate(s) of Name Change.  
  
Copies of Certificate of Incorporation and CDFI Fund Certification for state-chartered non-NCUA insured CDFI credit unions, CDFI loan fund or CDFI venture capital fund. If the CDFI Fund Certification is more than 3 years old, provide a written statement, on your letterhead, attesting that there have been no material events or occurrences since the date of certification that would adversely affect your strategic direction, mission or business operations.
5. [Preliminary Worksheets](#) for applicants that do not file a FFIEC Call Report. In addition, insurance companies should also provide the latest NAIC authorized control level risk-based capital requirements and ratio. CDFIs should provide regulatory financial reports.
6. Latest two Audited Financial Statements. If Audited Financial Statements are unavailable, submit the following, in the order of preference: 1) CPA conducted Directors' Examination; 2) External Auditors' Review of Financial Statements; 3) External Auditors' Compilation of Financial Statements; 4) Independent Accounts' Report on Applying Agreed-Upon Procedures. If applicable, Management Letter and Response.  
  
If applicable, holding company's Annual Report, Forms 10-K and 10-Q.
7. If applicable, provide management response to the latest Safety and Soundness Examination Report.
8. If applicable, provide Community Reinvestment Act Performance Evaluation, if unavailable, informal or preliminary evaluation.
9. If you are not subject to the CRA or do not have a satisfactory CRA rating, provide a home financing policy written justification, on your letterhead, detailing the following:
  - a. how and why your home financing policy is consistent with the FHLB System's housing finance mission; and
  - b. how and why your home financing credit policy and lending practices meet the credit needs of your community
10. Copy of written notification to primary regulator or CDFI Fund indicating your intent to join FHLBNY.
11. If you intend to pledge mortgages as collateral, submit loan data through [FHLBNY File Transfer Service](#).
12. If your charter approval date is within 3 years of the date we receive your application, provide the following:
  - a. Business Plan for Charter Application; and
  - b. Makes long-term home mortgage loans written justification, on your letterhead, detailing specifically how your home financing credit policy and lending practices include originating or purchasing home mortgage loans with an original term to maturity of 5 years or greater
13. If you were involved in a significant merger in the last 6 quarters, provide combined regulatory financial reports. If the merger is expected in the next 2 quarters, provide pro forma combined financial statements.

**Please also submit the following documents:**

1. Business Plan.
2. Asset/Liability Management and Interest Rate Risk Policy.

**For assistance, please contact a Calling Officer at (212) 441-6700.**

### MEMBERSHIP APPLICANT PROFILE

LEGAL NAME of the APPLICANT:			OFFICIAL HOME OFFICE ADDRESS:		
OFFICIAL MAILING ADDRESS: <input type="checkbox"/> same as the Official Home Office Address			WEB ADDRESS:		
OFFICIAL PHONE #:		FAX #:	METROPOLITAN STATISTICAL AREA and CODE:		
COUNTY:			CONGRESSIONAL DISTRICT:		
CHARTER TYPE: <input type="checkbox"/> Federal or National <input type="checkbox"/> State			OWNERSHIP TYPE: <input type="checkbox"/> Member Owned <input type="checkbox"/> Mutual <input type="checkbox"/> Stock		
INSTITUTION TYPE: <input type="checkbox"/> Thrift <input type="checkbox"/> Commercial Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Insurance Company <input type="checkbox"/> Loan Fund <input type="checkbox"/> Venture Capital Fund			INSURANCE TYPE and DATE: <input type="checkbox"/> DIF <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NCUSIF        (please specify)		
REGULATOR and DATE of CHARTER APPROVAL:			STATE and DATE of INCORPORATION:		
REGULATOR(S), CHARTER # and CERTIFICATE #:			DATE COMMENCED INITIAL BUSINESS OPERATIONS:		
Is the applicant a member bank of the Federal Reserve System? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOP HOLDING COMPANY (Date and State of Incorporation):		
FEDERAL TAX IDENTIFICATION #:			IMMEDIATE HOLDING COMPANY (Date and State of Incorporation):		
BRANCH OFFICE LOCATIONS (separate sheet if necessary):			DEPOSITORY AFFILIATES (Date and State of Incorporation):		
WHOLLY OWNED SUBSIDIARIES (Date and State of Incorporation, Consolidated Assets, Primary Activities):					
Is there an outstanding enforcement action or a material pending lawsuit against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain.					
REGULATOR(S) and DATE of SAFETY & SOUNDNESS EXAM:			REGULATOR and DATE of ON-SITE CRA EXAM:		
What are the required minimum regulatory capital ratios and by whom?			AUDITORS and DATE of EXTERNAL AUDIT:		
Was the applicant a member of the FHLBank System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why withdrew?			Is there a merger/change of holding company in the last 6 or next 2 quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
CEO INFORMATION:		NAME and OFFICIAL TITLE:		CFO INFORMATION:	
				NAME and OFFICIAL TITLE:	
MAILING ADDRESS: <input type="checkbox"/> same as the Official Home Office Address			MAILING ADDRESS: <input type="checkbox"/> same as the Official Home Office Address		
PHONE #:	FAX #:	E-MAIL ADDRESS:		PHONE #:	FAX #:
CORPORATE SECRETARY:		NAME and OFFICIAL TITLE:		Why are you applying for membership? What is your plan for using FHLBNY advances? What type of collateral do you plan to pledge?	
MAILING ADDRESS: <input type="checkbox"/> same as the Official Home Office Address					
PHONE #:	FAX #:	E-MAIL ADDRESS:			

**Applicant Name:**

**COLLATERAL QUESTIONNAIRE FOR MEMBERSHIP APPLICANTS**

MORTGAGE LOAN INFORMATION	
DOES YOUR INSTITUTION ORIGINATE MORTGAGE LOANS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES YOUR INSTITUTION PURCHASE MORTGAGE LOANS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does your institution use brokers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these loans in the name of your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the name of the institution that services the loans:	
_____	
Please provide the location of the legal files:	
_____	
Please provide the location of the underwriting files:	
_____	
DOES YOUR INSTITUTION SERVICE ITS OWN MORTGAGE LOANS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what servicing system does your institution use?	
_____	
If no, please provide the name of the institution that services these loans:	
_____	

REITS/SUBSIDIARY/AFFILIATES INFORMATION	
DOES YOUR INSTITUTION HAVE ANY REITS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does your institution plan on pledging though the REIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the name of the REIT:	
_____	
DOES YOUR INSTITUTION HAVE A SUBSIDIARY OR AN AFFILIATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please submit a Subsidiary/Affiliate Questionnaire (COL-130) for each.	
Please provide the name of the Subsidiary/Affiliate:	
_____	
DOES THE SUBSIDIARY OR AFFILIATE INTEND TO PLEDGE ASSETS TO THE FHLB NY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, upon membership approval, please contact Collateral Operations Officer (201) 356-1085 to discuss the Subsidiary/Affiliate Collateral Pledge and Security Agreement.	
If No, request for a Collateral Assurance Letter (COL-143).	

**Applicant Name:**

**Additional Sheet**

Please use this sheet to type in any additional information that could not fit on the previous pages.



**Applicant Name:**

I certify that I am the duly elected, qualified, and acting Corporate 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 membership in the Bank that, if approved for membership, it will subscribe and pay for stock therein as provided in the Federal Home Loan Bank Act, as amended, and that it be fully authorized to do business with, and exercise all of the privileges of membership in said Bank as provided in said Act;"

"BE IT FURTHER RESOLVED that the President/CEO and Corporate Secretary be authorized and directed to execute an application as prescribed by the Bank or 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 membership privileges thereof as the said Board may by regulations prescribe."

I further certify that, pursuant to said resolution, the foregoing application for membership was duly executed and that any information and documents required by the Federal Housing Finance Agency and the Bank 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.

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(Corporate Secretary)

**CORPORATE SEAL**  
**{Imprint Here}**

I certify that I am an attorney, counsel, or solicitor for the above Applicant and that it is authorized under the laws of the United States and of this State, and under its corporate charter, constitution and bylaws, and by the above resolution to apply for membership in, buy stock, do business with, maintain deposit(s) in, become a member of the Federal Home Loan Bank referred to, and pay the expenses incident to such application; and that the foregoing has been legally done and validly executed to accomplish such purpose.

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(Attorney, Counsel, or Solicitor)



**Applicant Name:**

**CERTIFICATION REGARDING ACCURACY OF APPLICATION  
AND CHARACTER OF MANAGEMENT**

I hereby certify to the Federal Home Loan Bank of New York ("Bank"), on behalf of the Board of Directors/Trustees of \_\_\_\_\_ ("Applicant"), as follows:

(1) The Applicant has reviewed the requirements of the Federal Housing Finance Agency's ("FHFA") membership regulations ("Regulations") and, as required by the Regulations, has, with respect to the membership application, provided to the best of the Applicant's knowledge the most recent, accurate, and complete information available;

(2) The Applicant will promptly supplement the membership application with any relevant information that comes to the Applicant's attention prior to the Bank's decision on whether to approve or deny the application, and if the Bank's decision is appealed pursuant to the Regulations, prior to resolution of any appeal by the FHFA;

(3) Neither the Applicant nor any of its directors/trustees or senior officers is subject to, or operating under, any enforcement action instituted by the Applicant's appropriate regulators;

(4) Neither the Applicant or any of its directors/trustees or senior officers has been the subject of any criminal, civil, or administrative proceedings reflecting upon creditworthiness, business judgment, or moral turpitude since the most recent regulatory examination report or in the past three years for non-credit union CDFI applicants; and

(5) There are no known potential criminal, civil, or administrative monetary liabilities, material pending lawsuits, or unsatisfied judgments against the Applicant or any of its directors/trustees or senior officers since the most recent regulatory examination report or within the past three years for non-credit union CDFI applicants that are significant to the Applicant's operations.

Signed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

*(A) The person, who executes this Certification, must have the authority to act on behalf of the Applicant's Board of Directors/Trustees. By signing above, you are representing to the Bank that you, in fact, have such authority. In the alternate, this Certification may be adopted by the Applicant's Board of Directors/Trustees itself.*

*(B) If the Applicant determines that the representations in #3, #4, and/or #5 above can only be made subject to certain qualifications, please contact the Bank for further instructions.*

**Applicant Name:**

**MAKES (ORIGINATES OR PURCHASES) LONG-TERM (ORIGINAL TERM TO MATURITY >= 5 YEARS)  
HOME MORTGAGE LOANS  
ASSESSMENT WORKSHEET**

Place an (X) next to all the long-term (original term to maturity >= 5 years) home mortgage loans made by the Applicant, including loans originated that will subsequently be sold in the secondary market and those originated through subsidiaries:

Original Maturity	Fixed Rate	Variable Rate	Amortization <small>(Number of Years)</small>
5-year balloon:	_____	_____	_____
7-year balloon:	_____	_____	_____
10-year balloon:	_____	_____	_____
15-year:	_____	_____	_____
30-year:	_____	_____	_____

Please answer the following questions:

1. Does the Applicant originate or purchase first lien 1-4 family mortgage loans with original term to maturity >= 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Does the Applicant originate or purchase first lien multifamily mortgage loans with original term to maturity >= 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Does the Applicant purchase and hold mortgage pass-through securities secured by first lien 1-4 family or multifamily mortgage loans with original term to maturity >= 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe other home mortgage loans offered by the Applicant.

**Applicant Name:****APPLICATION FOR MEMBERSHIP AND PURCHASE OF CAPITAL STOCK  
IN THE FEDERAL HOME LOAN BANK OF NEW YORK**

The Applicant hereby applies for membership in the Bank and, if approved for membership, will purchase \_\_\_\_\_ shares of capital stock in the par value of \$100 each in the Bank, and agrees to make payment in the amount of \$\_\_\_\_\_ as payment of said stock and purchase upon approval for Bank membership.

The Applicant is of the opinion that it is eligible to become a member of the Bank, is authorized to purchase and hold capital stock in the Bank, and to maintain deposits there. The Applicant understands that this application must be considered, acted upon, and approved by the Bank before it can become a member of the Bank.

In submitting this application, the Applicant understands and agrees that:

- (1) It will be advised whether or not its application for membership is approved.
- (2) If admitted to membership, it will conform to all requirements of the Federal Home Loan Bank Act, as now or hereafter amended, and to the rules and regulations thereunder.
- (3) In applying for, and if the Applicant is admitted to membership, the Federal Housing Finance Agency and the Bank are authorized to receive any information, examination reports, and other supervisory materials provided by the appropriate Federal or State regulatory authority, or officer exercising supervisory authority over the Applicant regarding the Applicant and its affairs.
- (4) It will not represent itself to be a member of the Bank until it has received notice of approval of membership and has purchased its minimum capital stock requirement.
- (5) During the application and later as member, it will accurately and timely communicate material changes within its organizations to the Bank, including regulatory takeover, voluntary dissolution, charter cancellation, charter conversion and regulator change, insurance type change, mergers and acquisitions, official home office address change, legal name change, corporate headquarters address change, mailing address change, enforcement action, material pending lawsuit against member, holding company changes, establishment of subsidiaries, dissolution of subsidiaries, pledging subsidiary name change, movement of eligible collateral (pledged or not) to subsidiaries, senior management changes, and changes in authorized personnel who have previously been granted permission to request advances and other credit extensions.

Signed By: \_\_\_\_\_  
(Duly Authorized Representative)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_