



HOUSING ASSOCIATE CERTIFICATION APPLICATION CHECKLIST

Legal Name of the Applicant: _____
(as specified in Regulatory Charter/Statutes)

Official Home Office Address: _____

Contact Name, Title and Mailing Address: _____

Contact Tel No, Fax No and E-mail Address: _____

Please submit the following documents required for certification application:

1. Original FHLBNY housing associate certification application.
2. Current U.S. Department of Housing and Urban Development Yearly Verification Report or other documentation issued by the HUD stating that the Federal Housing Administration of HUD has approved the Applicant as a mortgagee under title II of the National Housing Act.
3. Copy of or a citation to the statutes or regulations, under which, the Applicant was created that it is a government agency or a chartered institution having succession and is subject to inspection and supervision of government agency.

Note: To qualify as a **state housing finance agency**, the Applicant has to be a public agency, authority or publicly sponsored corporation serves as an instrumentality of a state or political subdivision of a state and functions as a source of residential mortgage loan financing in that state; or is a legally established agency, authority, corporation or organization serves as an instrumentality of a Native American tribe, band, group, nation or community recognized by the United States or any state and functions as a source of residential mortgage loan financing for that community.

4. Audited consolidated financial statements or other financial documents, including mortgage loan assets and their funding liabilities that provide evidence that the Applicant lends its own funds as its principal activity in the mortgage field, for the last three years if available.

Note: An institution acts principally as a broker for others making mortgage loans or whose principal activity is making mortgage loans for the account of others does **not** meet this requirement.

5. Latest regulatory audit report, examination report or external audit report; response if available.
6. Annual Reports for the last three years if available.
7. Home financing policy or statement of intent.
8. Notification to regulators indicating the Applicant's intent to join FHLBNY.
9. FHLBNY agreements and signature forms.
10. If the Applicant intends to pledge mortgage loans as collateral, mortgage loan collateral data file submission through the FHLBNY File Transfer Service.

Please also submit the following documents to help us understand your needs:

1. Latest business plan.
2. Asset/Liability management and interest rate risk policy.

HOUSING ASSOCIATE CERTIFICATION APPLICANT PROFILE

LEGAL NAME of the APPLICANT:	
OFFICIAL HOME OFFICE ADDRESS:	
OFFICIAL MAILING ADDRESS:	
OFFICIAL TEL NO and FAX NO and WEB ADDRESS:	METROPOLITAN STATISTICAL AREA and CODE:
COUNTY:	CONGRESSIONAL DISTRICT:
CHARTER/STATUTES TYPE: <input type="checkbox"/> Federal <input type="checkbox"/> State	STATE and DATE of CREATION:
INSTITUTION TYPE: <input type="checkbox"/> City Housing Finance Agency <input type="checkbox"/> Housing Development Corporation <input type="checkbox"/> State Housing Finance Agency	INSURANCE TYPE and DATE:
REGULATOR and DATE (mm/dd/yyyy) of CHARTER/STATUTES APPROVAL :	DATE COMMENCED INITIAL OPERATIONS:
FEDERAL TAX IDENTIFICATION NO:	WHOLLY OWNED SUBSIDIARIES (Date and State of Creation, Consolidated Assets, Primary Activities):
REGULATOR and DATE of REGULATORY AUDIT or EXAM:	Is there a merger in the last 6 or next 2 quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
AUDITORS and DATE of EXTERNAL AUDIT:	Was the applicant a housing associate of the FHLBank System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why withdrew?
What are the required minimum regulatory capital ratios and by whom?	Does the applicant 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.
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.	Does the subsidiary or affiliate intend to pledge assets to the FHLBNY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please request for a Subsidiary/Affiliate Collateral Pledge and Security Agreement. If not, request for a Collateral Assurance Letter (COL-143).
CEO NAME and OFFICIAL TITLE:	CFO NAME and OFFICIAL TITLE:
CEO MAILING ADDRESS:	CFO MAILING ADDRESS:
CEO TEL NO, FAX NO and E-MAIL ADDRESS:	CFO TEL NO, FAX NO and E-MAIL ADDRESS:
Why are you applying for certification?	What is your action plan for using FHLBNY advances?

Applicant Name:

I certify that I am the duly elected, qualified, and acting 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 housing associate certification by the Bank that, if approved for housing associate certification, it be fully authorized to do business with, and exercise all of the privileges of housing associate certification by said Bank as provided in said Act;"

"BE IT FURTHER RESOLVED that the President and Secretary be authorized and directed to execute an application as prescribed by the Bank or the Federal Housing Finance Board 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 housing associate certification privileges thereof as the said Board may by regulations prescribe."

I further certify that, pursuant to said resolution, the foregoing application for housing associate certification was duly executed and that any information and documents required by the Federal Housing Finance Board 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.

(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 statutes, and by the above resolution to apply for housing associate certification by, do business with, become a housing associate 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.

(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 Board's ("FHFB") housing associate certification regulations ("Regulations") and, as required by the Regulations, has, with respect to the housing associate certification 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 housing associate certification 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 FHFB;

(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 audit or examination report; and

(5) There are no 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 audit or examination report 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:

APPLICATION FOR HOUSING ASSOCIATE CERTIFICATION BY THE FEDERAL HOME LOAN BANK OF NEW YORK

The Applicant hereby applies for housing associate certification by the Bank.

The Applicant is of the opinion that it is eligible to become a housing associate of the Bank, and is authorized to borrow funds from the Bank. The Applicant understands that this application must be considered, acted upon, and approved by the Bank before it can become a housing associate of the Bank.

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

- (1) It will be advised whether or not its application for housing associate certification is approved.
- (2) If certified as housing associate, 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 certified as housing associate, the Federal Housing Finance Board and the Bank are authorized to receive any information, audit or examination reports, and other supervisory materials provided by the appropriate State or Federal 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 housing associate of the Bank until it has received notice of approval of housing associate certification.