



## FHLBNY HOUSING ASSOCIATE CERTIFICATION APPLICATION

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

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

Contact Information: \_\_\_\_\_  
(name, title) (mailing address)  same as Official Home Office Address

\_\_\_\_\_ (phone number)

\_\_\_\_\_ (fax number)

\_\_\_\_\_ (e-mail address)

### Please submit the following documents required for housing associate certification application:

1. Original FHLBNY Housing Associate Certification Application.
2. Original [Forms & Agreements for Housing Associates](#) (refer to [HLB-100n](#)).
3. Original [Security Device Application Form](#) for individuals requesting 1Link<sup>sm</sup> transaction authorization (at least one user).
4. Current U.S. Department of Housing and Urban Development (HUD) Yearly Verification Report, if unavailable, a HUD documentation stating that the Federal Housing Administration of the HUD has approved your institution as a mortgagee under Title II of the National Housing Act.
5. Copy of or citation to the statutes or regulation under which your institution was created that your institution is a government agency or a chartered institution having succession subject to inspection and supervision of a government agency.

Note: To qualify as a State Housing Finance Agency, your institution must be a public agency, authority or publicly sponsored corporation that 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 a legally established agency, authority, corporation or organization that serves as an instrumentality of a Native American tribe, band, group, nation or community recognized by the United States or a state and functions as a source of residential mortgage loan financing for that community.

6. Latest two audited financial statements, if unavailable, financial documents that include mortgage loan assets and their funding liabilities providing evidence that your institution lends its own funds as its principal activity in the mortgage field for the last three years.

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

7. Latest regulatory audit report, examination report, or external audit report.
8. Home financing policy written justification, on your letterhead, detailing how and why your home financing policy is consistent with the FHLB System's housing finance mission, and how and why your home financing credit policy and lending practices meet the credit needs of your community.
9. Copy of written notification to primary regulator indicating your intent to join FHLBNY.
10. If you intend to pledge mortgages as collateral, submit loan data through [FHLBNY File Transfer Service](#).

### Please also submit the following documents:

1. 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: <input type="checkbox"/> same as the Official Home Office Address		WEB ADDRESS:	
OFFICIAL PHONE #:	FAX #:	METROPOLITAN STATISTICAL AREA and CODE:	
COUNTY:		CONGRESSIONAL DISTRICT:	
CHARTER/STATUTES TYPE: <input type="checkbox"/> Federal <input type="checkbox"/> State		CREATOR, CHARTER/STATUTES and DATE of AUTHORIZATION:	
INSTITUTION TYPE: <input type="checkbox"/> City Housing Finance Agency <input type="checkbox"/> Housing Development Corporation <input type="checkbox"/> State Housing Finance Agency		REGULATOR, STATE and DATE of INCORPORATION:	
FEDERAL TAX IDENTIFICATION #:		DATE COMMENCED INITIAL OPERATIONS:	
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 and DATE of REGULATORY AUDIT or EXAM:		Was the applicant a housing associate of the FHLBank System? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when and why withdrew?	
AUDITORS and DATE of EXTERNAL AUDIT:		Is there a merger/change of parent 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 #:	E-MAIL ADDRESS:	
CORPORATE SECRETARY:	NAME and OFFICIAL TITLE:	Why are you applying for housing associate certification? 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 #:		

**Applicant Name:**

**COLLATERAL QUESTIONNAIRE FOR HOUSING ASSOCIATE CERTIFICATION APPLICANTS**

<b>MORTGAGE LOAN INFORMATION</b>	
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:	
_____	

<b>REITS/SUBSIDIARY/AFFILIATES INFORMATION</b>	
DOES YOUR INSTITUTION HAVE ANY REITS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does your institution plan on pledging through 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 FHLBNY?	<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:**

The Applicant by its duly authorized representative and/or the undersigned members of the Applicant's Board of Directors/Trustees severally represent that each such person has read this application and that, in the opinion of each such person, he or she has made such examination and investigation as is necessary (or is relying, in good faith, upon information received from qualified persons) to enable him or her to express an informed opinion that this application complies, to the best of his or her knowledge and belief, with the applicable requirements of the Federal Home Loan Bank Act and the rules and regulations thereunder.

\_\_\_\_\_  
(Legal Name of the Applicant as specified in Charter/Statutes)

\_\_\_\_\_  
(Official Home Office Address)

\_\_\_\_\_  
(City, State and Zip Code)

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

ATTEST:

\_\_\_\_\_  
(Corporate Secretary)

**SIGNATURES OF AT LEAST A MAJORITY OF  
THE DIRECTORS/TRUSTEES\***

Name (print)	Principal Business Affiliation/Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Optional**

**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 housing associate certification of 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 of 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 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 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.

\_\_\_\_\_

(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 of, 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 Agency's ("FHFA") 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 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 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  
OF THE FEDERAL HOME LOAN BANK OF NEW YORK**

The Applicant hereby applies for housing associate certification of 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 a 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 Agency and the Bank are authorized to receive any information, regulatory audit or 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 housing associate of the Bank until it has received notice of approval of housing associate certification.
- (5) During the application and later as housing associate, it will accurately and timely communicate material changes within its organizations to the Bank, including regulatory takeover, voluntary dissolution, charter/statute termination, regulator 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 housing associate, 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: \_\_\_\_\_