



## FHLB NY MEMBERSHIP APPLICATION PUERTO RICO-CHARTERED NON-FEDERALLY-INSURED CREDIT UNIONS

**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)  
\_\_\_\_\_  
(phone number) (fax number) (e-mail address)

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

1. Original FHLB NY Membership Application.
2. Original Membership Forms & Agreements (refer to [HLB-100](#)).
3. Copy of Charter/Organization Certificate/Certificate of Authority. If applicable, copy of Certificate(s) of Name Change, and copy of Certificate of Incorporation.
4. [Preliminary/Eligibility Worksheets](#) for applicants.
5. Latest two annual Audited Financial Statements in GAAP in Spanish and English.
6. If applicable, provide management response to the latest COSSEC regulatory Report of Examination(s).
7. Please provide the following two documents (collectively known as the Home Financing Policy)
  - Housing, community and economic development nexus document, on company letterhead: include excerpts from any lending and/or investment policies or other applicable policies. Provide copies of any lending and investment policies with the membership application package.
  - Written justification letter, on company letterhead: include the quantities/amounts of the different categories that are detailed in the home financing policy document (mortgage lending, investments, insurance products, educational resources or charitable contributions, etc.) that are applicable to your institution.
8. Please provide the name of the regulatory contact and their e-mail address for FHLB NY to confirm nonobjection to applicant becoming an FHLB NY member.
9. Member Attestation Form – to be sent electronically by FHLB NY to applicant. Once completed, applicant can return form electronically.
10. If your charter approval date is within 3 years of the date we receive your application, provide the following:
  - Business Plan for Charter Application; and
  - 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.
11. 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.

12. For Puerto Rico-chartered Non-Federally-Insured Credit Union applicants the following are also required:
- Required to provide conversion of all applicable annual audited metrics to GAAP in English.
  - At the time of membership and on a continuous annual basis, each applicant must attest they are in compliance with COSSEC Regulation 8665, Article 2.18.2. The auditor must be peer reviewed by the Colegio de Contadores Públicos Autorizados de Puerto Rico (“Colegio de CPA de PR”), and have received a “pass” rating on their most recent review conducted by the Colegio de CPA de PR.
13. All Non-Federally-Insured Credit Union applicants must also submit one of the following in order to deem the membership application file complete:
- A written statement from the applicant's appropriate State regulator that the applicant met all of the eligibility requirements for Federal share insurance as of the date of the request sent; or
  - A written statement from the applicant's appropriate State regulator that it cannot or will not make a determination regarding the applicant's eligibility for Federal share insurance; or
  - A written statement from the applicant, prepared no earlier than the end of the six-month period beginning on the date of the request, certifying that the applicant did not receive from its appropriate State regulator within that six-month period either a response as described above or a response stating that the applicant did not meet all of the eligibility requirements for Federal share insurance as of the date of the request.

**If you have any questions, please contact Alexies Sornoza at (212) 441-6708 or the Membership Team at (212) 441-6787.**

### 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 _____ (please specify)		
REGULATOR and DATE of CHARTER APPROVAL:			STATE and DATE of INCORPORATION:		
REGULATOR(S), CHARTER # or 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) (if applicable):			DEPOSITORY AFFILIATES (Date and State of Incorporation) (if applicable):		
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 (if applicable):		
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 #:	E-MAIL ADDRESS:
CORPORATE/BOARD 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:**

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)

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

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

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

ATTEST:

Signed by: \_\_\_\_\_  
(Corporate/Board Secretary or  
Assistant Corporate Secretary)

**Applicant Name:**

I certify that I am the duly elected, qualified, and acting Corporate/Board Secretary or Assistant 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 duly authorized representative 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.

Signed by: \_\_\_\_\_

(Corporate/Board Secretary or  
Assistant Corporate Secretary)

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.

Signed by: \_\_\_\_\_

(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:**

**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: \_\_\_\_\_