**FHLBNY AHP GENERAL FUND**

**LETTER OF CONTINUED COMMITMENT**

**(SUPPORTIVE HOUSING)**

**Instructions:**

1. If Supportive Housing services are being provided by the Sponsor or a Service Provider, the FHLBNY Letter of Continued Commitment (Supportive Housing) Template must be executed and attached to the [Drawdown or IMR].
2. This form must be on the letterhead of the Sponsor of record for the AHP General Fund project.
3. This letter must be dated within three months of the submission of the [Drawdown or IMR].
4. The AHP Sponsor, and if applicable Service Provider, must both duly execute the document on the Sponsor’s letterhead. If the Sponsor is also the Service Provider, only one signature is required.
5. The template confirms that the supportive services plan and agreement approved with the AHP General Fund application are still in effect and no material changes have been made.
6. Do not disclose personal medical or other private information relating to a special need designation about an individual person or household.
7. Do not deviate from the language in this template.
8. For more information, consult the AHP Implementation Plan or email [AHP@fhlbny.com](mailto:AHP@fhlbny.com)

**[SEE NEXT PAGE FOR SPONSOR LETTER OF CONTINUED**

**COMMITMENT (SUPPORTIVE HOUSING) TEMPLATE]**

**[Letterhead of Sponsor organization]**

**[Insert Date Here - Must be within three months of the Draw or IMR]**

Federal Home Loan Bank of New York

Affordable Housing Program

101 Park Avenue, 6th floor

New York, NY 10178

**Re: Supportive Housing Services for [Insert name of AHP Project and FHFA ID]**

To: Federal Home Loan Bank of New York Affordable Housing Program

On behalf of **[Insert name of Sponsor organization, and if applicable, Services Provider]**, this letter of continued commitment is being executed to confirm the supportive services plan and executed services agreement submitted with the **[Year]**application to the AHP General Fund continues to be in full effect and no material changes have been made since approval of AHP application. At minimum 20% of AHP-assisted units **[or one household]** in the project continue to be reserved for one or more of the following populations:

1. Physically and/or mentally disabled – A person (a) with a physical and/or mental (i.e., psychiatric disorder) impairment that results in substantial functional limitations or (b) who is deemed physically and/or mentally disabled and by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.
2. Developmentally disabled – A person (a) with a severe chronic developmental disability who has been diagnosed with an intellectual disability or (b) who is deemed developmentally disabled and by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.
3. Persons recovering from domestic abuse (physical abuse) – A person who has been subjected to a willful action of inflicting bodily injury or physical mistreatment.
4. Persons recovering from domestic abuse (emotional abuse) – A person who has been subjected to a willful action of inflicting emotional mistreatment, but has not been physically abused.
5. Persons recovering from chemical dependency – A person with a history of substance abuse and/or dependency who is receiving treatment for the abuse and/or dependency from a service provider.
6. Formerly incarcerated – A person that was previously convicted of a crime and/or was detained in a local, state, or federal jail or prison.
7. Persons with HIV/AIDS – A person with a medical diagnosis of Auto Immune Deficiency Syndrome or who is medically diagnosed as HIV positive and who is receiving medical care for the condition diagnosed.
8. Youth aging out of foster care - Youth/young adults who left foster care within the prior five years and who were in foster care at or over age 16 **[for projects approved in 2021 or later only].**

Sincerely,

(HANDWRITTEN SIGNATURE ONLY HERE)

**[Insert Name]** **(***be someone authorized to make the commitment on behalf of the Sponsor, and if applicable, Service Provider organization***)**

**[Insert Title]**

**[Contact Information]**