



AFFORDABLE HOUSING PROGRAM (“AHP”) GENERAL FUND APPLICATION SUPPORTIVE HOUSING CERTIFICATION FORM

PROJECT NAME: _____

PROJECT SPONSOR: _____

SUPPORTIVE SERVICES PROVIDER: _____

PROJECT FHLB NY MEMBER: _____

This Affordable Housing Program (“AHP”) General Fund Application Supportive Housing Certification Form (the “Form”) form must be completed by AHP General Fund project sponsors seeking points in the *Underserved Communities and Populations: Supportive Housing for Persons with Special Needs* scoring category as defined in the AHP Implementation Plan for the year in which the application is being submitted. This certification must be executed by the authorized representatives of both the AHP project sponsor (“Sponsor”) and the Supportive Services Provider (“Provider”) that will be providing supportive housing services for the special needs individuals residing in the AHP assisted units. If the Sponsor is also the Provider for the same project, this Form should be submitted only once, and must be completed and signed by the Sponsor as both the Sponsor and the Provider. This certification must be included with a social services plan as required by the AHP Implementation Plan for the year in which the application is being submitted. The Federal Home Loan Bank of New York (“FHLB NY”) must be notified of any changes to the terms or the parties of this certification. The information in this certification must be consistent with the information provided in the entire AHP General Fund application.

The authorized representatives of the Provider and the Sponsor certifies that:

- a) The project referenced above will provide ___ total AHP-assisted units.
- b) Of the total AHP-assisted units, the project will provide ___ total units of supportive housing for one or more of the special needs populations below (select as many as applicable and refer to the AHP Implementation Plan for the definition of each population):
 - 1. Physically and/or mentally disabled
 - 2. Developmentally disabled
 - 3. Persons recovering from domestic abuse (physical abuse)
 - 4. Persons recovering from domestic abuse (emotional abuse)
 - 5. Persons recovering from chemical dependency
 - 6. Formerly incarcerated
 - 7. Persons with HIV/AIDS
 - 8. Youth aging out of foster care
- c) The Provider will provide the scope of services outlined in the social services plan included in the AHP General Fund application, as required by the AHP Implementation Plan for the year in which the application is being submitted, for all eligible special needs residents residing in AHP-assisted units.
- d) The services rendered will be ongoing and offered for the entirety of the AHP retention period. The sponsor will notify the FHLB NY if there is a change to the provider.
- e) The Provider has trained and experienced staff that will work with the special needs population(s) to enable independent living to the greatest extent possible.

- f) The Provider and the Sponsor further represent that they are bound by the AHP regulation (12 C.F.R. Part 1291 et.seq.), the FHLBNY’s AHP Implementation Plan, and all related AHP and FHLBNY policies, guidelines, and operating procedures, and all applicable rules and regulations.
- g) The Provider and Sponsor acknowledge that the FHLBNY will rely on the statements and information set forth in this Form and any misrepresentation of the information contained herein may result in penalties, as the Sponsor and the Provider acknowledge and certify that the AHP Project must remain competitive throughout the Project life-cycle. The Provider and the Sponsor further acknowledge that the subsequent modifications to the provided information in this Form could result in a change of a score for the AHP project that adversely impacts the AHP Project’s competitive ranking, and the AHP subsidy will be de-obligated and/or recaptured if the AHP subsidy has already been disbursed to the Project. In the event that the AHP Project as described in this Form fails to meet its specified goals or otherwise falls out of compliance with the AHP regulations or other applicable rules and regulations and AHP Implementation Plan and other procedures, the AHP subsidy will be de-obligated and/or recaptured.

The Sponsor and the Provider agree to notify the FHLBNY promptly after discovery or notice of any change, either positive or negative, in the financial condition, operations, properties or prospects of any material party associated with the Project (including whether any material party to the Project has lost its requisite license or has been suspended by any applicable government agency, or has otherwise been barred from participation in any affordable housing program), or any event which has or may have a material impact on the Project itself or the ultimate development and use of the Project for its purpose as set forth in the Application. To the extent the Sponsor or the Provider are aware of any claims or litigation that may have a material effect on the Project, these matters must be disclosed to the FHLBNY. Upon the notification of any material changes to the Project or any supportive information provided by the Sponsor or the Provider in this Form, the FHLBNY at its sole discretion can request the Sponsor and the Provider to submit a new Certification Form along with an updated social services plan.

Project Address: _____

City: _____

County: _____

State: _____

Project Sponsor	Supportive Services Provider
Name: _____	Name: _____
Signature: _____	Signature: _____
Organization: _____	Organization: _____
Title: _____	Title: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Date: _____	Date: _____