



2024 Affordable Housing Program Workshop Set-Aside Programs

Community Investment Products

Affordable Housing
Program (AHP)

Community
Advance
Programs

Voluntary
Programs

General
Fund

Set Asides

HELP

SNAP

DRA

CIP

EDP

DRP

HAVEN

PGP

FORTIFIED

These highlighted programs require recipients to be at or below 80% AMI

Agenda

- 1 Homebuyer Equity Leverage Partnership (HELP)
- 2 FORTIFIED Fund
- 3 Disaster Rebuilding Assistance (DRA)
- 4 Special Needs Assistance Program (SNAP)
- 5 Income Calculations
- 6 Application Submission Process



Member driven.
Community focused.



2024 Homebuyer Equity Leverage Partnership (HELP)

Application Window Opened January 2, 2024

Provides down payment & closing cost assistance for qualified, first-time homebuyers on a first-come, first-served basis

\$15.5 Million
Available for 2024

Each Homebuyer
can receive up to
\$20,000

**All U.S. property
locations are eligible**

Each Member Can
Receive up to
\$1,550,000 to pass
on to borrowers

Up to ½ of the
member cap
(\$775,000) can be
used out of district

2024 HELP Funding Manual

The 2024 HELP Funding Manual can be found on fhlb.com

Home / Community Programs

Homebuyer Equity Leverage Partnership

Our Community Programs

- Affordable Housing Program
- Community Advance Programs
- Disaster Programs
- FORTIFIED Fund
- Heirs' Property Program
- Homebuyer Equity Leverage Partnership**
- Partnership Grant Program
- Small Business Boost
- Special Needs Assistance Program
- Payoff Request
- Community Investment Highlights

Available Funds as of January 2, 2024: \$15.5 million

Current Member Maximum: \$1,550,000

FIILB Dallas has set aside \$15.5 million of its 2024 AIP funds for the Homebuyer Equity Leverage Partnership (IELP) program. Through member institutions, IIELP assists income-qualified, first-time homebuyers with up to \$20,000 down payment assistance and closing costs.

Please note that several changes have been made. Please refer to the 2024 Funding Manual.

FIILB Dallas disburses IIELP funds to members on a first-come, first-served basis, one homebuyer at a time. Members may upload disbursement request submissions through the GrantConnect portal starting January 2, 2024. Access to the portal is for member financial institutions only. Contact Community Investment if you have questions or are unsure about your access.

IIELP funds are available until the funds are exhausted or until December 31, 2024, whichever occurs first.

PARTICIPATING HELP MEMBERS

Participating members are located within the state of charter origin and are listed in alphabetical order. Please note that members have their own underwriting criteria, lending area or may have reached their FIILB Dallas program cap within a given year.

View Participating Members

AHP AND HELP SUBSIDIES

Watch how Red River Bank has made the most of AIP and IIELP in the communities they serve.

Helpful Resources

- 2023 Median Incomes
- GrantConnect Webinar
- Income Calculation Tool
- HELP Funding Manual**
- AHP Implementation Plan

HELP Program Funding Manual

Table of Contents

This manual is designed to guide you through the HELP submission and funding process. It provides fillable templates of the required disbursement request forms and descriptive instructions for completing the forms.

Unless otherwise specified, each form must be accurately completed, signed where indicated and provided for each disbursement request. Failure to provide all required forms and supporting documentation will result in delayed processing of the disbursement request.

Members will upload disbursement request submissions to our online portal, GrantConnect, accessible at MyFHLB.com.

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**Please note
the Q&A
section is a
great
resource**

HELP Program Member Certification

Member Name: _____ FHFA ID#: _____

Name of Applicant: _____ ("Homebuyer")

The undersigned member ("Member") hereby acknowledges that any Homebuyer Equity Leverage Partnership Program ("HELP") subsidy that is funded pursuant to the attached Request for Disbursement of Funds will be subject to the terms and conditions of (i) the HELP Enrollment Application submitted by Member to the Federal Home Loan Bank of Dallas (the "Bank"), (ii) the Homebuyer Equity Leverage Partnership Program Agreement executed by the Bank and Member, (iii) the Bank's Affordable Housing Program Implementation Plan, (iv) the Federal Home Loan Bank Act, (v) the regulations governing Homeownership Set-Aside Programs found at 12 C.F.R. part 1291, (vi) any other documents published by the Bank or the Federal Housing Finance Agency relating to HELP or Homeownership Set-Aside Programs and (vii) any amendments to any of the foregoing documents (the "HELP Documents").

Member hereby certifies that the Homebuyer currently requires the amount of HELP funds requested. Member acknowledges that the requested HELP funds may only be used for the purposes specified in the HELP Documents.

Member hereby certifies that the HELP funds received by Member will be provided to the Homebuyer and the Homebuyer is a low- or moderate-income household, meaning a household that at the time it was income qualified by Member for participation in the HELP Program had an income of 80% or less of the median income for the area. Member hereby certifies that the total household income for the Homebuyer, as shown on the attached Household Income Certification Form, has been verified by the Member. For any person listed on Part I (Household Composition) for whom no income is listed for such person in Part II (Gross Annual Income) of the attached Household Income Certification form, Member hereby certifies such person is either a full-time student, or has no income as evidenced by a completed Certification of Zero Income, or is under the age of 18 years.

Member hereby certifies that if Member is providing mortgage financing to the Homebuyer, the rate of interest, points, fees and any other charges will not exceed a reasonable market rate of interest, points, fees, and other charges for a loan of similar maturity, terms and risk.

Member hereby certifies that any HELP funds received by Member for homebuyer counseling costs have been incurred in connection with the counseling of the Homebuyer who will actually purchase a HELP-assisted Property, and the cost of the counseling has not been covered by another funding source, including the Member.

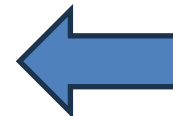
Member hereby certifies that the information set forth in this completed Homebuyer Equity Leverage Partnership Program (HELP) Funding Manual or provided herewith is, to the best of Member's knowledge after reasonable inquiry, accurate and complete in all respects. Member hereby acknowledges that providing false, misleading or incomplete information to the Bank may result in the denial of funding and/or the recapture of the HELP funds by the Bank.

Member's Signature: _____

Name: _____

Title: _____

Date: _____



Member signer
must have **AHP**
or **Advances**
Authorization



Member driven.
Community focused.



HELP Program Request for Disbursement of Funds

Date: _____

Member: _____

FHFA ID#: _____

Member Contact: _____ Email: _____

Prepared By: _____ Email: _____

Applicant's Name: _____ HELP Amount Requested*:\$ _____

Ensure the amount requested matches the amount listed on the Loan Estimate or Closing Disclosure



Please allow 5-7 business days to review and process funding requests. Rush requests cannot be accommodated.



Please provide the following items with this completed Request for Disbursement of Funds:

- Member Certification (executed by Member)
- Household Income Certification Form
- Documents to verify income (please refer to the Verification of Income form in this Funding Manual)
- Income Calculation Worksheet (if applicable)
- Long-Term Retention Documentation (please refer to the Long-term Retention Documentation form in this Funding Manual to determine what documents to submit)
- Loan Certification
- Closing Disclosure or other settlement statement (HELP funds should be listed separately from other sources).
The Bank will accept a Loan Estimate with substantially the same information that would be included in the Closing Disclosure to disburse the HELP funds but will require the Closing Disclosure within 30 days of funding.
- First-time Homebuyer Attestation (English and Spanish versions available)
- Homebuyer Counseling Certificate
- Signed Homebuyer Equity Leverage Partnership Program Agreement (if not previously submitted)

*Maximum HELP assistance: \$20,000 per household

Please Note:
5-7 business day review times depend on completeness of request. We cannot guarantee the turnaround time if the request is missing required documentation/has significant deficiencies.

Upload the disbursement request submission to GrantConnect via MyFHLB.com.

Email questions to ahp@fhlb.com or contact us by phone at 800.362.2944.

HELP Program Household Income Certification Form

The Bank will use the information in this form to verify the income eligibility of each household. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan when completing this form.

Member Data	
Name of Member: Member	
FHFA ID#: 00000	Date: 1/1/2024

Part I. Household Composition				
Household Member #	Name	Relationship to Head of Household	Age	F/T/ Student (Y or N)
1	John Doe	HEAD	55	N
2	Jane Doe	Spouse	55	N
3	Jack Doe	Child	22	N
4	Jill Doe	Child	16	Y
5				
6				
7				
8				

Part II. Gross Annual Income (Use Annual Amounts)						
Household Member #	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Income From Assets	(D) Payments in Lieu	(E) Alimony/ Child Support	(F) Other Income
1	22,000.00					
2	25,000.00					
3						
4		6,000.00				
5						
6						
7						
8						
Totals	\$ 47,000.00	\$ 6,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Add totals from (A) through (F) above					Total Income	\$ 53,000.00

- A) Employment or Wages: enter the full amount (before any payroll deductions) of all wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services. This amount should include all regular pay, special pay and allowances of a member of the Armed Forces. This amount should include any income from operation of a business or profession.
- B) Social Security/Pensions: enter the full amount (before any medical, etc. deductions) of gross periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum payment for the delayed start of a periodic payment.
- C) Income from Assets: enter the full amount of interest, dividends and other net income of any kind from real or personal property.
- D) Payments in Lieu: enter the full amount of any payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, severance pay and welfare assistance payments.
- E) Alimony/Child Support: enter the full amount of any alimony and child support payments, if received regularly.
- F) Other Income: enter the full amount of any other income not covered by categories (A) - (E) above and not excluded from income under the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan. Provide an explanation below:

All individuals who will be permanent residents of the household must be included on this form

There must be income documents supporting all adults (18+) listed who are not full-time students

The Household Income Certification Form is a required document for all FHLB Owner Occupied related programs



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fhlb.com



HELP Program Income Documentation Worksheet

(Please Show Calculation)

Date: _____ FHFA ID#: _____

Name of Member: _____

Provide verification of income from the applicable categories of documents shown below. An Income Calculation Tool is available on the Bank's website under the Helpful Resources on the HELP web page to assist in the calculation of income for wage earners.

Applicant's Name: _____

Please check the box for all that apply. The applicant is using:

- Pay stub(s) (please verify that name is printed on stub; must be dated within three months prior to the date the household was income qualified by the member to participate in HELP).
- A Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name for verification and must be dated within 3 months prior to the date the household was income qualified by the member to participate in HELP).
- Social Security Benefit Letters and/or Social Security Supplemental Income notices.
- A completed and signed U.S. Individual Income Tax Return or Year-End Wage and Tax Statements (i.e., Internal Revenue Service 1040 Forms and W-2 Forms); to use this, the household must be income qualified by the member within the first 3 months of the year, or the applicant must be self-employed or a seasonal worker.
- Financial statements verifying payments received from annuities, pensions, insurance policies, etc.
- Financial statements verifying stock portfolio earnings, dividends, and other interest income.
- Letters or case management forms from public assistance agencies.
- Approved HUD Section 8 certificates.
- State housing agency (e.g., Department of Community Affairs) verifications of income.
- Court orders verifying alimony awards and child support payments.
- Other Income Documentation (please describe):

This form highlights the income documentation for each person living in the home

Submit the associated income documentation for us to cross-reference

The Income Documentation Worksheet is a required document for all FHLB Owner Occupied related programs

HELP Program Loan Certification

Name of Member: _____

FHFA ID#: _____

Applicant's Name: _____

Name of institution originating the loan: _____

Under the HELP Program, the rate of interest, points, fees, and any other charges for all loans made to homebuyers should not exceed a market rate of interest, points, fees, and other charges for loans of similar maturity, terms and risk. If there is more than one loan, please complete a separate Loan Certification for each loan. **The organization originating a loan to the applicant must complete and execute this form.**

Is the member originating the first mortgage? Yes No

Is the loan a Fixed Rate product? Yes No

Is the home being purchased a manufactured home? Yes No

Is the home being purchased a single family home (1 to 4 unit dwelling)? Yes No

Is there a second mortgage on the home that has a monthly payment in addition to the first mortgage payment? Yes No

If yes, please list the APR of the second mortgage: _____ term: _____ and monthly payment: _____

The homebuyer has been counseled to maintain documentation of expenditures associated with capital improvements of the property. Providing evidence of the improvements could reduce the amount of subsidy owed in case the property is sold or refinanced during the five-year retention period: _____

Lender Initial

By signing below, the lender certifies to the following:

- 1) The First Mortgage does not defer the repayment of principal or interest.
- 2) The Financing Package does not include interest only or negative amortization loans (excluding properly utilized reverse mortgage.)
- 3) The Mortgage term is not less than 5 years, and the Amortization term is not less than 15 years.

Signature: _____

Name: _____

Title: _____

Date: _____

This form should be filled out by a representative from the institution originating the first mortgage (member institution, Habitat for Humanity, etc.)

Please read each line prior to checking the appropriate box and ensure the lender initials are filled out.

Check "Yes" and fill out the applicable information related to a second mortgage only if the second mortgage has a monthly payment in addition to the first mortgage payment.

2024 DEED RESTRICTIONS (Homebuyer Equity Leverage Partnership Program)



Member FHFA ID Number _____

THE STATE OF _____ {insert STATE}

COUNTY/PARISH OF _____ {insert COUNTY/PARISH}

The undersigned, _____, ("Owner"), is the owner of certain real property and improvements located at _____ {insert PROPERTY ADDRESS}, in _____ {insert CITY} _____ {insert NAME OF COUNTY OR PARISH}, _____ {insert STATE}, and more particularly described on Exhibit A attached hereto and incorporated herein for all purposes (the "Property"). For value received, the adequacy and sufficiency of which are hereby acknowledged, Owner does hereby impress the Property with the following deed restrictions:

- 1) For purposes of these restrictions, the following terms have the meaning indicated:
"Bank" means the Federal Home Loan Bank of Dallas
"Direct Subsidy" means the amount funded by the Bank for the benefit of Owner, for the purpose of assisting Owner in the purchase, construction, or purchase in conjunction with rehabilitation of the Property, which Direct Subsidy shall not exceed \$ _____ {insert AMOUNT OF DIRECT SUBSIDY}.
"HELP" means the Homebuyer Equity Leverage Partnership Program of the Bank.
"Low- or Moderate-income Household" means a household that has an income of 80% or less of the median income for the area, with the income limit adjusted for household size in accordance with the methodology of the applicable median income standard selected from those enumerated in the definition of "median income for the area," as defined at 12 CFR 1291.1, unless such median income standard has no household size adjustment methodology.
"Retention Period" means a period of five (5) years beginning on _____ {Insert the Disbursement Date from the final Closing Disclosure.}
- 2) The Bank's Community Investment Department is to be given notice of any sale, transfer, assignment of title or deed, or refinancing of the Property by the household occurring prior to the end of the Retention Period.
- 3) In the event of a sale, transfer, or assignment of title or deed during the retention period, the selling Owner shall repay to the Bank an amount equal to the lesser of: (i) a pro rata share of the direct subsidy, reduced by 1/60 for every month the seller owned the Property, or (ii), any net proceeds realized upon the sale, transfer, or assignment of title or deed of the Property, minus the HELP-assisted household's investment, unless the purchaser, transferee, or assignee is a low- or moderate-income household, or the amount subject to repayment is \$2,500 or less.
- 4) In the event of a refinancing during the retention period, the household shall repay to the Bank an amount equal to the lesser of: (i) a pro rata share of the direct subsidy, reduced by 1/60 for every month the occupying household has owned the Property, or (ii) any net proceeds realized upon the refinancing minus the HELP-assisted household's investment, unless the Property continues to be subject to a deed restriction or other legally enforceable retention agreement or mechanism described in this paragraph; or the amount subject to repayment is \$2,500 or less.
- 5) This instrument and these deed restrictions are subordinate to any valid outstanding lien against the Property currently of record. Foreclosure of such prior recorded lien, deed-in-lieu of foreclosure of such prior recorded lien, assignment of such prior recorded lien of a Federal Housing Administration first mortgage to the Secretary of Housing and Urban Development, or death of the HELP-assisted homeowner shall extinguish this instrument and these deed restrictions; however, the Bank's Community Investment Department is to be given notice of any foreclosure of the Property that occurs during the Retention Period.

A draft of this document must be submitted with the application

Do not record the document prior to receiving the grant

Fill out the document completely except for the Retention Period start date. This date should be filled in at closing with the "Disbursement Date" as indicated on the Final CD.

Remember to fill out page 2 including Exhibit A: Property legal description

Draft Closing Disclosure/Loan Estimate

Loan Estimate

J. TOTAL CLOSING COSTS	\$5,172
D + I	\$5,522
Lender Credits	-\$350

Calculating Cash to Close

Total Closing Costs (J)	\$5,172
Closing Costs Financed (Paid from your Loan Amount)	\$0
Down Payment/Funds from Borrower	\$5,500
Deposit	\$0
Funds for Borrower	\$0
Seller Credits	\$0
Adjustments and Other Credits - FHLB HELP Grant	-\$10,000
Estimated Cash to Close	\$672

The FHLB HELP Grant and amount must be clearly labeled

Include all other grants and loans (terms of loans must be included on Loan Certification)

Homebuyer contribution must be at least \$500

Closing Disclosure

L. Paid Already by or on Behalf of Borrower at Closing	\$107,925.99
01 Deposit	
02 Loan Amount	\$97,700
03 Existing Loan(s) Assumed or Taken Subject to	
04	
05 Seller Credit	
Other Credits	
06	
07	
Adjustments	
08 FHLB HELP Grant	\$10,000
09	
10	
11	
Adjustments for Items Unpaid by Seller	
12 City/Town Taxes to	
13 County Taxes 01/01/23 to 08/31/23	\$225.99
14 Assessments to	
15	
16	
17	
CALCULATION	
Total Due from Borrower at Closing (K)	\$108,597.80
Total Paid Already by or on Behalf of Borrower at Closing (L)	\$107,925.99
Cash to Close <input checked="" type="checkbox"/> From <input type="checkbox"/> To Borrower	\$671.81

Homebuyer cannot receive cashback at closing

HELP Program Common Explanation Items

Please use the spaces below to provide explanations regarding the HELP request, if applicable. This form should be filled out by the institution originating the first mortgage. If none of the items apply, this page can be left blank.

If the housing cost ratio exceeds 45% (monthly income/monthly mortgage payment), please provide an explanation in the box below:

If any of these criteria are met, we will need an explanation provided with the request.

If the proposed mortgage loan interest rate on the first mortgage exceeds 2% of the Primary Mortgage Market Survey, as posted by Freddie Mac, please provide an explanation in the box below:

Primary Mortgage Market Survey can be found at www.freddiemac.com/pmms

If the Cash to Close on the Loan Estimate or Closing Disclosure reflects an amount greater than \$15,000 coming from the homebuyer, please provide an explanation in the box below:

HELP Program Attestation for Eligibility as a First-Time Homebuyer

The following Attestation should be executed and signed **by all applicants that will be listed on the Closing Disclosure.**

The following criteria qualify the applicant(s) as First-Time Homebuyer(s) (**please check each criterion that applies**):

- 1) Applicant(s) have NOT owned a home during the three-year period immediately prior to purchase.
- 2) Applicant is a displaced homemaker, meaning an individual who is an adult and:
 - Has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family and
 - Is not employed or is underemployed and experiencing difficulty obtaining or upgrading employment.
- 3) Applicant is a single parent, meaning an individual who:
 - Is unmarried or legally separated from a spouse and
 - Has one or more minor children for whom the individual has custody or joint custody or is pregnant (at point applicant occupies the property).
- 4) Applicant(s) own or owned, as a principal residence during the three-year period immediately prior to purchase, a dwelling unit whose structure is not in compliance with State, local or model building codes, or other applicable codes, and cannot be brought into compliance with such codes for less than the cost of constructing or purchasing a permanent structure.
- 5) Applicant(s) own or owned, as a principal residence during the three-year period immediately prior to purchase, a dwelling unit whose structure is NOT permanently affixed to a permanent foundation in accordance with local or other applicable regulations.
- 6) Applicant(s) own or owned, as a principal residence during the three-year period immediately prior to purchase, a dwelling unit that was substantially destroyed due to a natural disaster or other event of catastrophic loss.

Applicant(s) will use the property as their principal residence.

Applicant(s) understands that any willful misstatement of material fact will be grounds for disqualification.

This attestation must be signed by the Applicant(s).

Applicant(s) Signature(s): _____

Applicant(s) Name(s): _____

Date: _____

Please ensure at least one of the criteria is checked/not all criteria are checked, and the form is signed and dated.

All applicants who are listed on the Closing Disclosure must meet at least one of the criteria and sign this document.

Spanish version also available. You can submit the version the borrower is most comfortable with.

Counseling Certificate

Provide a copy of a homeowner counseling completion certificate from an industry-accepted curriculum provider. FHLB does not have a preferred counseling program, please reference HUD's approved listing if needing a guide.



- ❖ Up to \$500 of HELP funds may be used for counseling costs
- ❖ Members can reimburse nonprofits who are providing the counseling
- ❖ Should be listed on the Closing Disclosure

HELP Final Documents

We require two documents to be submitted after the disbursement of funds and closing of the home

Signed Final Closing Disclosure:

Due within 30 days of the disbursement of HELP funds to the member's DDA

The HELP Grant and amount must be clearly labeled

No cash back to the borrower(s)

Homebuyer contribution must be **at least \$500** (cash to close or as a deposit)

Must include Disbursement Date of the loan

Recorded Deed Restriction:

Due within 60 days of the disbursement of HELP funds to the member's DDA

The deed restriction must be **entirely filled out**

The deed restriction must be recorded with the county officials where the property is located

Evidence of recording must be included on the submitted document

Ensure the retention start date matches the Final CD's disbursement date

Any errors included on the recorded document will require correction/additional cost to be incurred by the member or responsible party.

Questions?



Member driven.
Community focused.

FORTIFIED Fund Grant Programs

FHLB Dallas FORTIFIED Fund



The Bank provides grant funds for income qualified homeowners to replace an existing roof or upgrade the roof on a new construction home to a FORTIFIED Roof.

Target: Home Ownership projects targeting low to moderate and middle-income homeowners and homebuyers up to **120% Area Median Income (AMI)**

2024 Commitment: \$4,000,000

Funding is available first-come, first served

The Federal Home Loan Bank of Dallas's FORTIFIED Roof Grant and FORTIFIED Construction Grant programs (FORTIFIED Fund Grant programs) are solely products/programs of the Federal Home Loan Bank of Dallas. The use of the Insurance Institute for Business & Home Safety's (IBHS) FORTIFIED Roof™ and FORTIFIED™ intellectual property in connection with the FORTIFIED Fund Grant programs does not imply any affiliation or guarantee on the part of the Insurance Institute for Business & Home Safety.

FHLB Dallas FORTIFIED Fund Grant Programs



FORTIFIED Roof Grant

Up to \$15,000 to replace an existing roof with a FORTIFIED Roof

FORTIFIED Construction Grant

Up to \$7,500 to build a FORTIFIED Roof on a newly constructed home

–Homebuyers must be identified for income qualification

FORTIFIED Fund Grant Programs – Intermediaries

The FORTIFIED Fund Grant programs allow for the involvement of an intermediary organization working in conjunction with an FHLB Dallas member.

Intermediary Cap: \$750,000 in total requests per year

Intermediary Fees

- Pays for qualifying the homeowner and managing the process with the contractor & evaluator
- Not allowed for new construction
- Only allowed for roof replacements on existing homes
 - The intermediary fee may not exceed 10% of the roof cost paid for by the FORTIFIED Roof grant.
 - If the intermediary is also the qualified evaluator, then the combined fees cannot exceed \$1,500.

FORTIFIED Fund Grant Programs – Evaluators

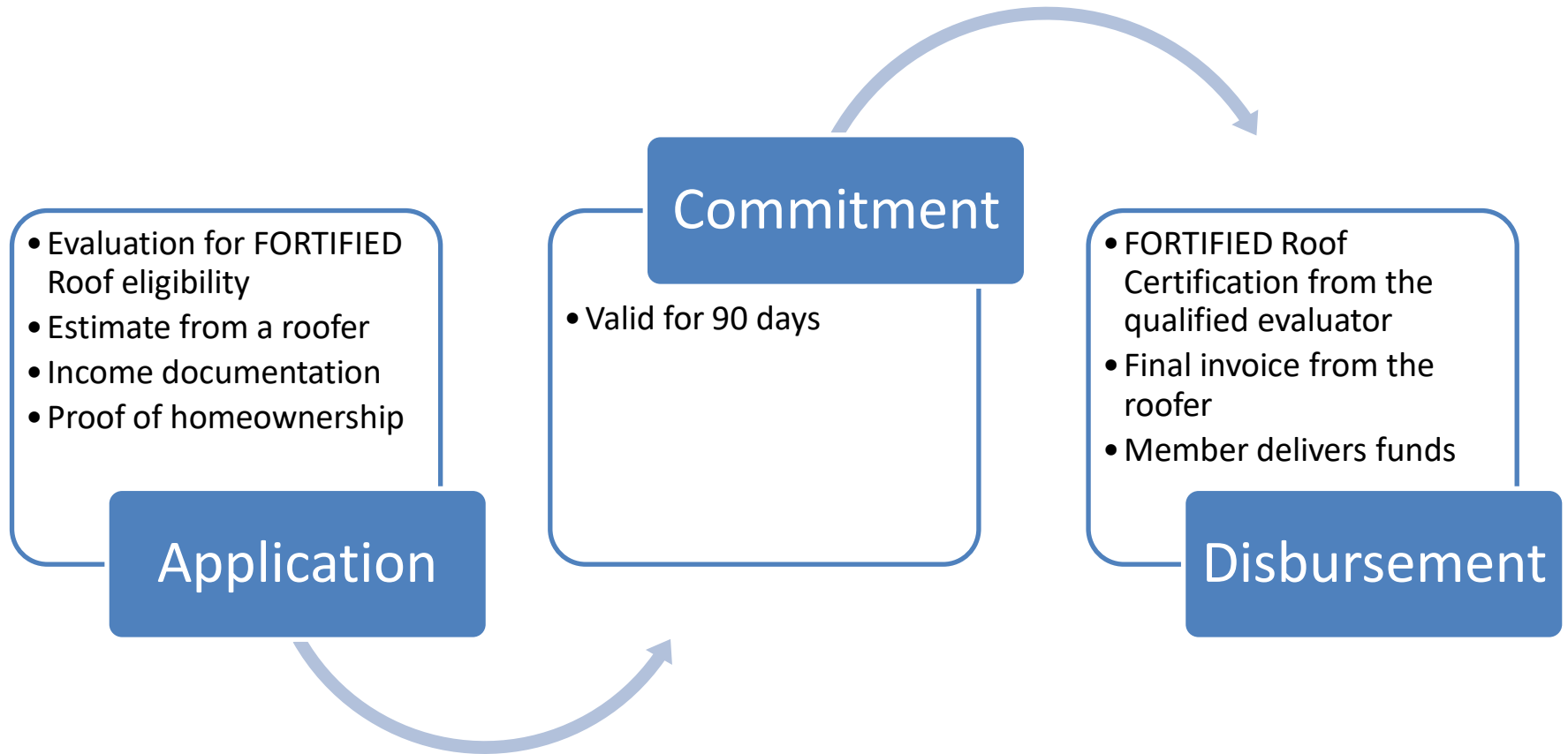
FORTIFIED Evaluators are trained and certified professionals that submit required documentation to IBHS to obtain a FORTIFIED designation.

Evaluator/Inspection Fees

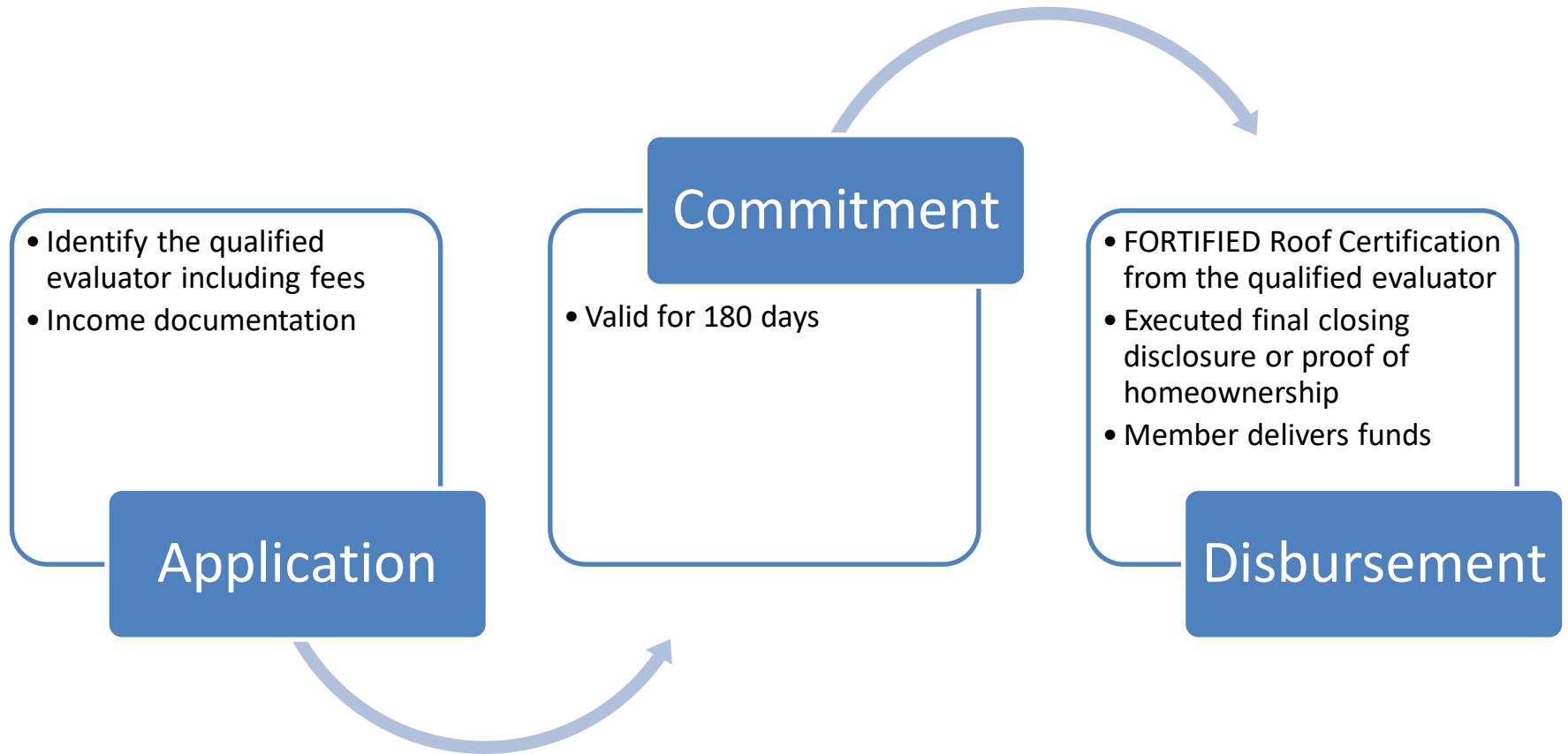
- Fees vary based on the home's size, the scope of work, and other factors like travel costs
- A portion of [the grant may be used to pay for these fees](#)
 - Allowed for existing homes and new construction

Directory available at <https://ibhs.my.site.com/s/find-a-provider>

FORTIFIED Roof Grant – Process for Existing Homes



FORTIFIED Construction Grant – Process for New Construction



Member Value & Benefits

- Allows members to support climate resilient building in their communities before and after natural disasters strike
- Provides funding that can be stacked with other funding sources for new construction and home rehabilitation projects
- Creates relationships with housing developers, non-profits, and other community organizations
- Generates new business opportunities for customers in the construction and roofing business
- May qualify for Community Reinvestment Act (CRA) credit

Next Steps

- Member enrollment in the program is not required!
- Download the application from FHLB.com
- Collect required supporting documents from
 - Homeowner
 - Evaluator/Inspector
 - Contractor
- Members email the completed application and supporting documents to: **FortifiedFund@fhlb.com**
- For more information, call us at **[800-362-2944](tel:800-362-2944)**



Member driven.
Community focused.



Disaster Rebuilding Assistance (DRA)

First offering opened January 2nd, Second offering opens July 8

Program Specifics

Provides funding for the repair, rehabilitation, and reconstruction of owner-occupied housing affected by a federally declared disaster for individual assistance.

Each Homeowner
can receive up to
\$12,000

\$2.5 Million split
between two
offerings in 2024

**The property must
be in the FHLB
Dallas District**

**Two Funding
Offerings in 2024:
January 2 & July 8**

Each Member may
request **\$175,000/
Offering***

**Funds available until
exhausted or
Nov. 15, 2024**

2024 DRA Funding Manual



Member driven.
Community focused.

Contact Us

Email Sign Up

MyFHLB Login



Membership -

Products -

Services -

Community Programs -

Resources -

About Us -

Home / Community Programs / Disaster Programs

Disaster Rebuilding Assistance



The 2024 DRA
Funding Manual
can be found on
[fhlb.com](https://www.fhlb.com)

Our Community Programs

Affordable Housing Program

Community Advance Programs

Disaster Programs

Disaster Relief Program Advances

Disaster Rebuilding Assistance

DRA Requirements

DRA Application

DRA Funding Process

FORTIFIED Fund

Heirs' Property Program

Homebuyer Equity Leverage
Partnership

Housing Assistance for Veterans

Partnership Grant Program

Small Business Boost

Special Needs Assistance Program

Payoff Request

Community Investment Highlights

Available Funds as of January 12, 2024: \$1,250,000

Current Member Cap During the First Offering: \$175,000

A Second Offering of \$1,250,000 will be available on July 8, 2024

Additional Member Cap Available for the Second Offering: \$175,000 or, up to \$350,000

FHLB Dallas has set aside \$2.5 million of its 2024 AHP funds for the Disaster Rebuilding Assistance fund (DRA). Through member institutions, this program provides funds for the repair, rehabilitation and reconstruction of owner-occupied housing affected by a disaster event in federally declared disaster areas within FHLB Dallas' District.

New in 2024, DRA will be provided in two offerings with funding available in January and July. Each offering will be administered on a first-come, first-served basis until the offering funds are exhausted. Any remaining funds available at the end of the first offering will carry over to the second offering, if applicable. The total member cap for 2024 will be \$350,000, with an initial limit of \$175,000 during the first offering.

To qualify for this additional funding, the county or parish, in which the homeowner resides, must have been designated for Individual Assistance by the Federal Emergency Management Agency no earlier than January 1, 2019.

DRA funds are available until the funds are exhausted or until **November 15, 2024**, whichever occurs first.

The maximum DRA award per household is \$12,000. Please note that several changes have been made to the Funding Manual. [Please use the 2024 version when submitting requests.](#)





Disaster Rebuilding Assistance Funding Manual Table of Contents

This manual is designed to help you become familiar with the funding process. It provides fillable templates of the required disbursement request forms and descriptive instructions for completing the forms. Unless otherwise specified, each form, accurately completed and signed where indicated, must be provided for each disbursement request. Failure to provide all required forms and supporting documentation will result in delayed processing of the disbursement request.

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**Please note the
Q&A section is a
great resource**



DRA Request for Disbursement of Funds



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Please fully execute the Request for Disbursement of Funds. Include the Intermediary Organization, if applicable.

Include the FEMA Disaster ID associated with the request:
<https://www.fema.gov/disaster/declarations>

Following the checklist will assist in submitting a completed application

Disaster Rebuilding Assistance (DRA) Request for Disbursement of Funds

Date:	2/1/24	FHFA ID#:	99999
Member:	First Bank and Trust		
Intermediary Organization (if applicable):	Rebuilding Disasters		
Member Contact:	Joe Smith	Email:	JoeSmith@FBT.com
Prepared By:	Kim Davis	Email:	kdavis@FBT.com
Applicant's Name:	Jane Doe	FEMA Disaster ID:	4586
Date the applicant was income qualified:	01/25/24	Disaster Amount Requested*:	\$ 12,000.00

The homeowner(s) and parish must have been designated for Individual Assistance by FEMA no earlier than January 1, 2019.

Please provide the following documents with this completed Request for Disbursement of Funds:

- Member Certification (executed by Member)
- Household Income Certification Form
- Documents to verify income (please refer to the Verification of Income form in this Funding Manual)
- Income Calculation Worksheet (if applicable)
- Sources and Uses of Funds
- Pre-Rehabilitation Inspection Report including photos and if applicable, an invoice (Please refer to the Inspection and Pass-Through Documentation instruction page in this manual.) Please note: A Post-Rehabilitation Inspection Report with applicable documentation and the Final Cost Certification will be required upon completion of the work.
- Executed Home Repair Estimate Form
- Executed Certification of Homeowner's Insurance Status
- Proof of Homeownership

Please do not include copies of Social Security Cards/Numbers in the DRA Request.

Maximum DRA assistance:
*\$12,000 per household

Only list the amount being requested from FHLB Dallas

Please email all funding requests to ahp@fhlb.com.

Email questions to ahp@fhlb.com or contact us by phone at 800.362.2944

Disaster Rebuilding Assistance Member Certification



Member Name: First Bank and Trust FHFA ID#: 99999

Name of Applicant: Jane Doe ("Homeowner")

The undersigned member ("Member") hereby acknowledges that any Disaster Rebuilding Assistance Program ("Disaster") subsidy that is funded pursuant to the attached Request for Disbursement of Funds will be subject to the terms and conditions of (i) the Disaster Rebuilding Assistance Enrollment Application submitted by Member to the Federal Home Loan Bank of Dallas (the "Bank"), (ii) the Disaster Rebuilding Assistance Program Agreement executed by the Bank and Member, (iii) the Bank's Affordable Housing Program Implementation Plan, (iv) the Federal Home Loan Bank Act, (v) the regulations governing Homeownership Set-Aside Programs found at 12 C.F.R. part 1291, (vi) any other documents published by the Bank or the Federal Housing Finance Agency relating Homeownership Set-Aside Programs and (vii) any amendments to any of the foregoing documents (the "Disaster Documents").

Member hereby certifies that the Homeowner currently requires the amount of Disaster funds requested. Member acknowledges that the requested Disaster funds may only be used for the purposes specified in the Disaster Documents. Member hereby certifies that the above applicant is the owner of the home and the damage was due to the disaster.

Member hereby certifies that the Disaster funds received by Member will be provided to the Homeowner and the Homeowner is a low- or moderate-income household, meaning a household that at the time it was income qualified by Member for participation in the Disaster Program had an income of 80% or less of the median income for the area. Member hereby certifies that the total household income for the Homeowner, as shown on the attached Household Income Certification Form, has been verified by the Member. For any person listed on Part I (Household Composition) for whom no income is listed for such person in Part II (Gross Annual Income) of the attached Household Income Certification form, Member hereby certifies such person is either a full-time student, or has no income as evidenced by a completed Certification of Zero Income, or is under the age of 18 years.

Member hereby certifies that if Member is providing mortgage or other financing in connection with the rehabilitation to the Homeowner, the rate of interest, points, fees and any other charges will not exceed a reasonable market rate of interest, points, fees, and other charges for a loan of similar maturity, terms and risk.

Member hereby attests that proper due diligence has been performed to ensure: 1) The Disaster funds requested are for repair or replacement of damaged components for habitability or code compliance. 2) The scope of work being paid for by Disaster funds are not being paid for by insurance, federal or state emergency assistance or any other funding sources. 3) This is the applicant's primary residence. The applicant has owned the home for at least 30 days and was the owner of the property at the time of the disaster declaration.

Member hereby attests that the home inspector was selected by the Member and that proper due diligence has been performed to ensure: 1) The home inspector has the appropriate qualifications. 2) The home inspector is not related to the intermediary, unless the intermediary is a government-controlled entity. Initials: JS

Member hereby certifies that the information set forth in this completed Disaster Funding Manual or provided herewith is, to the best of Member's knowledge after reasonable inquiry, accurate and complete in all respects. Member hereby acknowledges that providing false, misleading or incomplete information to the Bank may result in the denial of funding and/or the recapture of the Disaster funds by the Bank.

Member's Signature: **Need signature** (Advances or AHP Authority)

Name: Joe Smith

Title: VP of Community Development

Date: 2/1/24

**Member MUST
initial here to
confirm the
selection of the
inspector**

**Member signer
must have **AHP or
Advances
Authorization****



Certification of Homeowner's Insurance Status

The following certification should be executed and signed by the homeowner(s).

Property address: _____

The following criteria qualify the applicant(s) for the DRA program:

(please check each criterion that applies; note: at least one must be checked to qualify)

- 1. I/We do not have homeowner's insurance
- 2. I/We do not have flood insurance
- 3. I/We do have insurance and need assistance with meeting the deductible
- 4. I/We do have insurance but, the cost of repairs exceeds the policy coverage

I/We certify that my/our primary residence has been affected and damages to the residence are disaster related.

I/We certify that I/we had owned the home at least 30 days prior to the related disaster.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

This certification must be signed by the applicant(s):

Applicant(s) Signature(s): _____

Applicant(s) Name(s): _____

Date: _____

Please ensure the applicant checks the appropriate box/boxes, signs and dates the form.

Please Note:

- ✓ The rehab work should be related to damages caused by the natural disaster.
- ✓ The homeowner(s) must have owned the home at least 30 days prior to the occurrence of the disaster.



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2024 Special Needs Assistance Program (SNAP)

Second Offering Application Window: June 4-6

SNAP provides subsidies for the repair and rehabilitation of owner-occupied housing of eligible, special-needs households.

**The property must
be in the FHLB
Dallas district**

**\$2 Million split
between two
offerings in 2024**

**Each Homeowner
can receive up to
\$12,000**

**Two Offering
Windows in 2024:
Feb. 6-8 & Jun. 4-6**

**Maximum 6 individual
submissions per
member per year**

**Each member can
submit a maximum of
\$25,000/Offering**

**Each intermediary can
submit a maximum of
\$50,000/Offering**

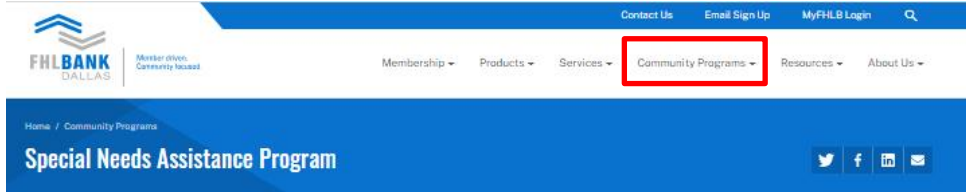
Special Needs

- Age (55 or older)
- Persons with disabilities
- HIV/AIDS
- Recovering from physical abuse
- Recovering from alcohol or drug abuse

At least one permanent occupant of the household must meet at least one of the special needs criteria.

Below 80% AMI

2024 SNAP Funding Manual



- Our Community Programs
- Affordable Housing Program
- Community Advance Programs
- Disaster Programs
- FORTIFIED Fund
- Heirs' Property Program
- Homebuyer Equity Leverage Partnership
- Housing Assistance for Veterans
- Partnership Grant Program
- Small Business Boost
- Special Needs Assistance Program**
- SNAP Requirements
- SNAP Funding Process
- SNAP Enrollment Application
- Payoff Request
- Community Investment Highlights

The 2024 SNAP Funding Manual can be found on fhlb.com

\$2 Million allocated for 2024

First Member Submission Window: February 6-8, 2024

First Window Member Submission Maximum: \$25,000

First Window Intermediary Submission Maximum: \$50,000

Second Member Submission Window: June 4-6, 2024

Second Window Member Submission Maximum: \$25,000

Second Window Intermediary Submission Maximum: \$50,000

Annual Maximum Number of Individual Submissions: Six per Member

FHLB Dallas has set aside **\$2 million** of its 2024 AHP funds for the Special Needs Assistance Program (SNAP). Through member institutions, SNAP provides subsidies for the repair and rehabilitation of owner-occupied housing of eligible, special-needs individuals.

SNAP Maximum Award

The maximum SNAP award per household is \$25,000. Please refer to the Funding Manual, including an updated list of eligible repairs. **Please use the 2024 version when submitting requests.** Previous versions of the Funding Manual will not be accepted.

Please note that the GrantConnect portal will close at 5:00 p.m. CT on the final day of each submission window.

For more information about the SNAP, call the Community Investment department at 800.362.2944.



PARTICIPATING SNAP MEMBERS

Participating members are located within the state of charter origin and are listed in alphabetical order. Please note that members have their own underwriting criteria and lending area and may have reached their FHLB Dallas program cap within a given year.

[View Participating Members](#)

Helpful Resources

- AHP Implementation Plan
- Income Calculation Tool
- GrantConnect Webinar
- 2023 Median Incomes
- SNAP Funding Manual**

SNAP Funding Manual Table of Contents

This manual is designed to guide you through the SNAP submission and funding process. It provides fillable templates of the required disbursement request forms and descriptive instructions for completing the forms. Unless otherwise specified, each form, accurately completed and signed where indicated, must be provided for each disbursement request. Failure to provide all required forms and supporting documentation will result in delayed processing of the disbursement request.

During the SNAP submission period, members will upload disbursement request submissions to our online portal, GrantConnect, accessible at MyFHLB.com.

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**Please note the Q&A
section is a great
resource**

SNAP Request for Disbursement of Funds



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SNAP Request for Disbursement of Funds

Date: 1/15/2024 FHFA ID : Member Name/11111

Member: Member Bank

Intermediary Organization (if applicable): **Intermediary Organization**

Member Contact: Jane Member Contact Email: jane@memberbank.com

Prepared By: John Johnson Member Contact Email: John@memberbank.com

Applicant's Name: Homeowners Name SNAP Amount Requested*: \$10,000.00

Please fully execute the Request for Disbursement of Funds. Include the Intermediary Organization, if applicable*.

Following the checklist will assist in submitting a completed application

Please do not include Social Security Cards/Numbers

Annual maximum number of individual submissions per member is 6 SNAP requests, regardless of any remaining amount available in the established member and/or intermediary caps.

Please provide the following items with this Request for Disbursement of Funds:

- Member Certification (executed by Member)
- Household Income Certification Form
- Documents to verify income (please refer to the Verification of Income form in this Funding Manual)
- Income Calculation Worksheet (if applicable)
- Evidence of Special Needs (please refer to the Question and Answer section of this Funding Manual)
- Sources and Uses of Funds
- Pre-Rehabilitation Inspection Report including photos and if applicable, an invoice (please refer to the Inspection and Pass-through Documentation instruction page in this manual.) **Note:** A Post-Rehabilitation Inspection Report with applicable documentation and the Final Cost Certification will be required upon completion of the work.
- Executed Home Repair Estimate form
- Proof of Homeownership

Please do not include copies of Social Security Cards/Numbers in the SNAP Request.

Maximum SNAP assistance:

\$12,000 per household

Only list the amount being requested from FHLB Dallas

Upload the disbursement request to GrantConnect via MyFHLB.com.

Email questions to ahp@fhlb.com or contact us by phone at 800.362.2944.

***If a developer fee is included in the request, there should be an Intermediary listed on the Request page.**

SNAP Member Certification

Member Name: Member Bank FHFA ID#: Member FHFA ID
 Name of Applicant: Homeowners Name ("Homeowner")

The undersigned member ("Member") hereby acknowledges that any Special Needs Assistance Program ("SNAP") subsidy that is funded pursuant to the attached Request for Disbursement of Funds will be subject to the terms and conditions of (i) the SNAP Enrollment Application submitted by Member to the Federal Home Loan Bank of Dallas (the "Bank"), (ii) the Special Needs Assistance Program Agreement executed by the Bank and Member, (iii) the Bank's Affordable Housing Program Implementation Plan, (iv) the Federal Home Loan Bank Act, (v) the regulations governing Homeownership Set-Aside Programs found at 12 C.F.R. part 1291, (vi) any other documents published by the Bank or the Federal Housing Finance Agency relating to SNAP or Homeownership Set-Aside Programs and (vii) any amendments to any of the foregoing documents (the "SNAP Documents").

Member hereby certifies that the Homeowner currently requires the amount of SNAP funds requested. Member acknowledges that the requested SNAP funds may only be used for the purposes specified in the SNAP Documents.

Member hereby certifies that the SNAP funds received by Member will be provided to the Homeowner and the Homeowner is a low- or moderate-income household, meaning a household that at the time it was income qualified by Member for participation in the SNAP had an income of 80% or less of the median income for the area. Member hereby certifies that the total household income for the Homeowner, as shown on the attached Household Income Certification Form, has been verified by the Member. For any person listed in Part I (Household Composition) for whom no income is listed for such person in Part II (Gross Annual Income) of the attached Household Income Certification Form, Member hereby certifies that such person is either a full-time student, or has no income as evidenced by a completed Certification of Zero Income or is under the age of 18 years.

Member hereby certifies that if Member is providing mortgage or other financing in connection with the rehabilitation to the Homeowner, the rate of interest, points, fees and any other charges will not exceed a reasonable market rate of interest, points, fees, and other charges for a loan of similar maturity, terms and risk.

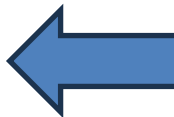
Member hereby attests that proper due diligence has been performed to ensure: 1) The SNAP funds requested are for necessary rehabilitation and/or modification of the home or attached structures for structural and/or safety reasons and are not merely cosmetic improvements. 2) The cost associated with the rehabilitation is reasonable and customary based upon the location of the home and the scope of the proposed work. 3) This is the applicant's primary residence.

Member hereby attests that the home inspector was selected by the Member and that proper due diligence has been performed to ensure: 1) The home inspector has the appropriate qualifications. 2) The home inspector is not related to the intermediary, unless the intermediary is a government-controlled entity. Initials: XX

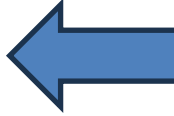
Member hereby certifies that the information set forth in this completed Special Needs Assistance Program (SNAP) Funding Manual or provided herewith is, to the best of Member's knowledge after reasonable inquiry, accurate and complete in all respects. Member hereby acknowledges that providing false, misleading or incomplete information to the Bank may result in the denial of funding and/or the recapture of the SNAP funds by the Bank.

Member's Signature: Member Signature
 Name: Name
 Title: SVP
 Date: Date

Member MUST initial here to confirm the selection of the inspector



Member signer must have AHP or FHLB Signature Card Advances Authorization



Special Needs Documentation



fhlb.com

SNAP Verification of Special Needs

The person signing below (the "Verifier") verifies that _____ (Name of Applicant) (the "Applicant") has a special need as checked below. The Verifier attests that the Verifier is qualified to make this determination.

The Verifier is releasing this information to the Federal Home Loan Bank of Dallas (the "Bank") with the authorization of the Applicant for the purpose of helping the Applicant's household acquire housing rehabilitation assistance under the Bank's Special Needs Assistance Program.

Check all that apply:

- Applicant is a person with disabilities.
- Applicant is recovering from physical abuse.
- Applicant is recovering from alcohol or drug abuse.
- Applicant has HIV/AIDS.

Verifier Name: _____

Verifier Signature: _____

Name of Verifier's Organization (if any): _____

Verifier's Position with Organization (if any): _____

Verifier's professional qualifications/designations: _____

(Examples include Doctor of Medicine, Master of Social Work, Psychologist, Qualified Mental Health Professional, Qualified Substance Abuse Professional, Licensed Physical Therapist)

Date: _____

By signing below, I authorize the release of this information to the Federal Home Loan Bank of Dallas.

Applicant/Guardian

Date

Driver's License/State ID
➤ **Proof of age**

Social Security Letter
➤ **Indicating age and/or disability**

Executed Verification of Special Needs
➤ **Found in SNAP Funding Manual**
➤ **Should be executed by an applicable professional (Doctor, etc.)**
➤ **Should not be executed by an employee of the member institution**

SNAP List of Eligible Repairs

Below is the list of eligible repairs allowable under the SNAP. Only repairs defined in the list below are eligible for a SNAP request. If the repairs submitted in the request are not included in the list below, the repairs will be considered ineligible for SNAP funds. Substitution to replace ineligible repairs after request submission will not be permitted.

- **Walk in/roll in showers, grab bars, ADA toilets or other ADA compliant bathroom modifications**
 - Bathroom modifications that are cosmetic in nature are not eligible for SNAP funds.
- **Widening doorways, cased openings, entryways, etc. needed for accessibility**
 - SNAP funds may be used to cover a new door in conjunction with the wider doorway. New doors not related to a widened doorway are not eligible for SNAP funds.
- **Wheelchair ramp and/or zero step entries**
- **Interior/exterior handrails**
- **Repair/replace exterior steps**
- **Remove tripping/falling hazards related to flooring**
 - Any hazards related to flooring must be specifically noted on an inspection report to be considered eligible for SNAP funds. Repairs beneath the flooring related to the foundation, etc. are not eligible for SNAP funds.
- **Roofing, gutters, downspouts, soffit, fascia**
 - Ceiling repairs, including insulation, may be performed in conjunction with roof repairs and replacement if roof leaks are present and have caused damages to the ceiling. Ceiling repairs as a separate work item without roof work are not eligible for SNAP funds.
- **Repair/replace electrical panel/fuse box**
 - SNAP funds may be used to cover wiring or other electrical repairs performed in conjunction with the repair/replacement of the electrical panel/fuse box. Other electrical repairs not related to the electrical panel/fuse box are not eligible for SNAP funds.
- **Weather stripping, attic and wall insulation**
- **Repair/replace/install HVAC**
- **Repair/replace/install septic system**
- **Repair/replace/install water heater**
- **Repair/replace/install furnace**

An updated **eligible repairs list** has been included for 2024. Please double check that the repair is eligible according to this list. **Substitutions will not be permitted.**



Documentation Requirements - SNAP & DRA

Proof of Homeownership

Please include one of the following documents as evidence of homeownership with each submission. The name(s) on the provided document should match the name(s) of at least one permanent resident of the household as listed on the Household Income Certification Form.

Acceptable Documents for Proof of Homeownership

- Property tax receipt or bill
- Deed or Official Record
- Home purchase contracts (e.g. Bill of Sale, Bond for Title, Land Installment Contract, etc.)
- Certificate or title for a mobile home
- Other documentation not included in this list are subject to approval by FHLB Dallas

New this year for SNAP & DRA:
Proof of homeownership
requirement

If proof of homeownership cannot be provided, the request will be considered ineligible for SNAP/DRA funds

Sources and Uses of Funds

- ✓ Include all sources of funds (including non-FHLB funds)
- ✓ The SNAP/DRA amount reflected on the Request for Disbursement of Funds must be supported by the Uses of Funds amount.
- ✓ Total Sources must match the total of Uses
- ✓ The Developer fee may not exceed 10% of the SNAP/DRA subsidy amount (developer fee must be calculated manually)

Sources and Uses of Funds

Date: FHFA ID#:
 Name of Member:

Sources of Funds

Name of Source of Funds	Amount (\$)
FHLB DRA	\$ 12,000.00
TOTAL Sources of Funds	\$ 12,000.00

Is the home being rehabilitated/modified a manufactured home? Yes No
 Is the home being rehabilitated/modified a single family home (1 to 4-unit dwelling)? Yes No
 Is the homeowner receiving homeowner counseling in conjunction with the rehabilitation/modification? Yes No

Request for Disbursement of Funds

Date: FHFA ID#:
 Member:
 Intermediary Organization (if applicable):
 Member Contact: Email:
 Prepared By: Email:
 Applicant's Name: FEMA Disaster ID:
 Date the applicant was income qualified: Disaster Amount Requested*:

Uses of Funds

Uses of Funds	DRA Funds (\$)	Other Funding Sources (\$)	TOTAL (\$)
Rehabilitation	\$ 10,700.00		\$ 10,700.00
Inspection Fees	\$ 300.00		\$ 300.00
Developer Fee	\$ 1,000.00		\$ 1,000.00
TOTAL COST	\$ 12,000.00	\$ 0.00	\$ 12,000.00

The Developer Fee may not exceed 10% of the DRA subsidy amount.

Developer Fee Calculation: / = %
(If applicable) Developer Fee (automatically populates) DRA Subsidy (automatically populates) Please enter the %

Home Repair Estimate

Date: 1/25/24 Business Name: Carpenter Roofing
 Homeowner: Jane Doe Contractor Name: John Carpenter
 Address: 123 Main Street, Smithville, Tx Phone Number: 214-555-1234
 Bid Expiration Date: 6/1/24 Address: 39 Ridge Road, Smithville, TX

Repair Item	Units/#	Material Cost	Labor Cost
shingles	26 squares	\$ 3,620.00	
cap nails	1 box	\$ 35.00	
felt	3 rolls	\$ 400.00	
drip edge	25 pieces	\$ 550.00	
nails	2 boxes	\$ 120.00	
pipe boots	5	\$ 200.00	
water guard	1	\$ 75.00	
venter ridge	10- 4' pieces	\$ 150.00	
Labor (lump sum)			\$ 5,550.00

Signature of Contractor: Contractor Signature Total: \$ 10,700.00

Homeowner hereby acknowledges and agrees that 1) homeowner has reviewed the Home Repair Estimate and understands the work to be performed, and 2) upon signing below, homeowner may no longer request changes of the work to be performed by the contractor. Furthermore, homeowner agrees to sign the Final Cost Certification upon the completion of work. Any change in the scope of the proposed work, any change in the designated contractor as initially presented, and/or any change in sources and uses of funds must be approved by the Federal Home Loan Bank of Dallas prior to any related work being started. Justification outlining and supporting the need for the changes is required and must be submitted by the member. Homeowner accepts the repairs and amount stated above or attached.

Signature of Homeowner: Homeowner Signature Date: 1/16/2024

Signature of Member: Member Signature Date: 1/16/2024

List out each item being repaired, and the quantity of materials required (such as bundles of shingles).

Make sure each party has signed on the appropriate line.

The **Total** amount on the Home Repair Estimate must match the **Rehabilitation** line on the Sources and Uses of Funds.

Breakdown of labor and material cost is required.

Pre-rehab inspections and “before” photos are required to disburse funds

- ✓ Inspection report must specify eligible items requiring modification/rehab
- ✓ Photos must show the need for rehabilitation (SNAP) and/or damages as a result of the natural disaster (DRA)
- ✓ If applicable, inspection invoice should be included, and the amount listed on the Uses of Funds should be supported by the invoice
- ✓ Inspections to be conducted by an **independent** 3rd party
 - Approved by member institution
 - Must not be related to intermediary, unless the intermediary is a governmental entity
- ✓ For SNAP: If not submitted in the original request, pre-inspections are due 45 days after the close of the SNAP window



Final Documentation - SNAP & DRA

Inspection and Pass-Through Documentation

Required evidence of the subsidy passing through from the Member for the benefit of the household.

SNAP/DRA final documentation is required 60 days post-disbursement.

Post Rehabilitation Documentation:

- Fully Executed Final Cost Certification(s) - signed and dated by all three parties
- Final Rehab work Invoice(s) - listing final cost, date and homeowner address
- Post-Rehabilitation Inspection Report with “After” Photos and final invoice
 - If a pre-inspection invoice was included with the original request and a cost for inspections was included on the Uses of Funds, a post-inspection invoice is required.

****Contractor/Dates/Address/Costs should match with the original request unless a change order was requested and approved by FHLB Dallas****

Final Cost Certification & Final Invoice

Final Cost Certification

Member Name/FHFA # Member FHFA ID
 Homeowner: Homeowners Name
 Property Address: 123 Street, Anywhere, AR

CERTIFICATIONS

- All SNAP-funded rehabilitation work has been completed to the satisfaction of the homeowner.
- The contractor's invoices that detail the scope of work performed are accurate.
- All rehabilitation work was completed as of 04/01/2024 (date) by
 Contractor Name 222-222-222
(Contractor Name) (Contractor Phone Number)
- The final cost for the completed rehab work is 13,308.00

Note: This is to be signed and dated by all parties after completion of the work on the home.

Contractor Name _____ Contractor Name 04/01/2024
(Contractor) (Print Name) (Date)

Homeowner Name _____ Homeowner Name 04/01/2024
(Homeowner) (Print Name) (Date)

Member Representative _____ Member Representative 04/01/2024
(Member Representative) (Print Name) (Date)

NOTE: Along with the executed Final Cost Certification, please submit the final invoice(s) and post-rehabilitation inspection report with photos.

Include a fully executed, signed version of this document along with a **final invoice** and **post-rehab inspection** report with **photos**

ABC Home Repair



INVOICE

INVOICE # 100
 DATE: 04/01/2024

Bill To:
 Sponsor Name
 123 Main Street
 Beechwood, AR
 Phone: 222-111-2222

Pay To:
 ABC Home Repair
 450 Hammer away Drive
 Anywhere, AR
 Phone: 222-222-2222

Homeowner Name: John Doe
 Property Address: 123 Street
 Anywhere, AR

QTY.	DESCRIPTION	MATERIAL COST	AMOUNT TOTAL
1	Front Steps	\$245.00	\$310.00
1	Remove Tub/Install Shower – ADA	\$2,725.00	\$3,528.00
1	Roof Replacement (80 bundles/shingles)	\$3,750.00	\$2750.00

TOTAL	\$13,308.00
R COST	\$0.00
TOTAL	\$13,308.00
PAYMENTS/CREDITS	\$0.00
BALANCE DUE	\$13,308.00

Make all checks payable to ABC Home Repair
 If you have any questions concerning this invoice, contact Name, Phone, Email

THANK YOU FOR YOUR BUSINESS!


Amount listed on the Certification should match the invoice.

Final Cost Certification should include the date of rehab work completion. The Post-Inspection should occur and be dated after the work is completed as noted on the Final Cost Certification.

Final Invoice


A final invoice is required upon completion of the repairs.

- The invoice should include:
 - Date
 - Contractor information
 - Homeowner name and address
 - Listing of modifications/repairs
- Multiple contractors requires multiple invoices/Multiple Final Cost Certifications
- Final amount should equal or exceed the SNAP/DRA rehab amount as listed on the Sources and Uses of Funds and match the Final Cost Certification



Invoice

Date	Invoice #
3/10/18	19


1


Bill To Sponsor Name 123 Main Street Beechwood, MS	Pay To ABC Home Repair 456 Hammeraway Drive Vicksburg, MS
--	---

2

Qty.	Description	Material Cost	Amount Total
1	Homeowner Name 123 Meadow St Vicksburg, MS 1. Replace bad siding. Scrape chipped paint and re-paint exterior of house. 2. Secure sagging sheetrock to framing in living room. Tape sand and paint. 3. Repair roof leak over back bedroom and hall bath. 4. Repair ceiling, wall in back bedroom, hall bath and kitchen. Float and paint. 5. Patch floor in middle bedroom and closet. 6. Locate source of water entry under Green Room and resolve. Repair bucking floor. 7. Install tub surround in bath. 8. Repair or replace wall heater in living room. 9. Repair entry door casing and install striker plate. 6. Clean up and haul away all trash.		
	Subtotal		\$5,750.00
	Other Cost		\$0.00
	Total		\$5,750.00
	Payments/Credits		\$0.00
	Balance Due		\$5,750.00

3

4



Matches Final Cost Cert

Post-Rehab Inspection Report and Invoice

The final inspection should occur after all rehab work is completed and must confirm that the original scope of work was completed in an acceptable manner.

The report should include:

- ✓ Confirmation that the work/original scope was completed
- ✓ Homeowner name
- ✓ Property address
- ✓ Photos of completed repairs
- ✓ Invoice (if applicable)

DEF Home Inspection
Street Address
City, ST, Zip Code
Phone:

Date of Inspection
04/01/2023

Homeowner Name
Street Address
City, ST, Zip Code

Dear Homeowner,

The final inspection has been completed and the repaired items/work are marked as completed for [Homeowner's Address]:

Exterior Repairs

- Replaced Front Steps
- Replaced Roof

Interior Repairs:

- Removed Tub/Installed Shower- ADA

If you have any questions, please contact me.

Thank you for your business.

DEF Home Inspection
If you can't see it, neither can we.

INVOICE

Street Address
City, ST, Zip Code
Phone: Phone Fax: F:

INVOICE # 100
DATE: 04/01/2023

HOME ADDRESS:
Homeowner Name
Street Address
City, ST, Zip Code

ITEM	DESCRIPTION	UNIT PRICE	QUANITTIY	TOTAL
Service	Pre- Inspection	\$75.00	1	\$75.00
Service	Post - Inspection	\$75.00	1	\$75.00

SUBTOTAL	\$150.00
TOTAL	\$150.00
PAYMENTS/CREDITS	\$0.00
BALANCE DUE	\$150.00

Make all checks payable to DEF Home Inspection
If you have any questions concerning this invoice, contact Name, Phone, Email

THANK YOU FOR YOUR BUSINESS!!

Pre and Post Inspections should be completed by the same inspector/company to the greatest extent possible. If the Post-Inspection cannot be completed by the same inspector, contact FHLB to request approval of change.

Pre and Post Inspection Photos

1.0 The roof covering is old, and the life of covering has expired. The covering does need to be replaced.



Pre-inspection photos:

- ✓ Capture clear photos of specific items that require modifications or rehab work to be completed.
- ✓ Photos should align with the Home Repair Estimate and Pre-Inspection Report.

1.0 New Roof covering installed.



Post-inspection photos:

- ✓ Photos of work completed validating that the repairs have been made as noted on the Home Repair Estimate/Final Invoice and Post-Inspection Report.
- ✓ “After” photos should align with “Before” photos.

Questions?



Income Calculations

Income Calculations

All applicants for HELP, SNAP, and DRA must have a household income **at or below 80% Area Median Income (AMI)**

Steps to Verify Income:

1. Obtain applicable income documentation

2. Calculate annual household income

3. Calculate the household Area Median Income

Tax Return

Submit for Self-Employed & Seasonal Workers

Last **Two** Years of Filed Tax Returns

Must be **Signed**

Paycheck or VOE

Current Employment

VOE must include the paid-through date

Must be dated within three months prior to the income qualified date entered on GrantConnect

Non-employment Income

Social Security Award Letters

Supplemental Social Security (SSI) Letters

Pension Statements

Child Support Statements

Household members income to include

(income from SS, assets etc.)

Household Member	Include Income	Periodic Payments
Head of household	Yes	Yes
Spouse	Yes	Yes
Co-head of household	Yes	Yes
Temporarily absent household member that will reside in the home	Yes	Yes

Children and Adult Students	Include Income	Periodic Payments
Children under 18	No	Yes
Children under 18 claimed on another parents tax returns	No	No
Child that is 18 Years or older that <u>IS</u> a full-time student	No	Yes
Child that is 18 Years or older that IS NOT a full-time student	Yes	Yes

Other Household Members	Include Income	Periodic Payments
Foster Child	No	No
Live-in aide	No	No
Non-Occupant co-borrowers **	No	No

**Non-occupant co-borrowers are only allowed under the HELP program for credit related purposes. If the income of a non-occupant is needed to qualify for the loan, the applicant is not eligible for HELP funds.

Certification of Zero Income

(To only be completed by household members 18 years of age or older, when applicable)

Name of household occupant declaring no income: _____

Property address: _____
Street City State ZIP

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a) Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b) Income from operation of a business;
 - c) Rental income from real or personal property;
 - d) Interest or dividends from assets;
 - e) Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f) Unemployment or disability payments;
 - g) Public assistance payments;
 - h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i) Sales/receipts from self-employed or contract resources (Uber, LYFT, Mary Kay, etc.);
 - j) Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for my necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Declaring Housing Occupant

Printed Name

Date

This document must be filled out for all individuals on the Household Income Certification who are 18+, not full-time students, and do not have income

Spanish version also available. You can submit the version the applicant is most comfortable with.

Steps to Verify Income:

1. Obtain applicable income documentation

2. Calculate annual household income

3. Calculate the household Area Median Income

Income Calculation Tool – Weekly & Bi-Weekly

The income calculation tool is available on fhlb.com

The screenshot shows a web form for calculating income. It includes fields for Borrowers Name, Co-Borrowers Name, Pay Frequency (with radio buttons for Weekly, Bi-Weekly, Semi-Monthly, and Monthly), Borrowers VOE or Pay Stub Paid through date, Start Date, YTD Gross Income as shown on VOE or Pay Stub, and Annual Income. Annotations include: a box around the 'Weekly' radio button; a box around the 'YTD Gross Income' field with an arrow pointing to it labeled 'Input YTD total gross wages'; a box around the 'Annual Income' field with an arrow pointing to it labeled 'Annual Income automatically populates'; and a box around the 'Borrowers VOE or Pay Stub Paid through date' field with an arrow pointing to it labeled 'Borrowers VOE or Pay Stub Paid through date:'.

"Start Date:"

This is the Pay Period beginning date of the applicant's first pay stub received in the current year.

- ✓ Enter the Pay Period beginning date of the first pay stub of the year
- ✓ Unless the first pay stub of the year is provided, this date must be manually calculated using a calendar
- ✓ The Start Date typically begins in the prior year (unless the applicant started their job after the first of the year)

"Borrowers VOE or Pay Stub Paid through date:"

This is the date through which the applicant has actually worked and been paid for as reflected on the pay stub or VOE provided

- ✓ Enter the Pay Period end date of the current pay stub
- ✓ The check date should not be used as the applicant has not been paid through the check date (there may be exceptions for salaried employees where the pay period end date and the check date are the same)

Income Calculation Tool – Monthly & Semi-Monthly

The income calculation tool is available on fhlb.com

The screenshot shows a web form for calculating income. It includes fields for 'Borrowers Name' and 'Co-Borrowers Name'. The 'Pay Frequency' section has four radio button options: 'Weekly', 'Bi-Weekly', 'Semi-Monthly' (which is selected and highlighted with a blue box), and 'Monthly'. Below this are three input fields: 'YTD Gross Income as shown on VOE or Pay Stub', 'Number of times Borrower has been paid this year', and 'Annual Income'. Annotations with arrows point to these fields: 'Input YTD total gross wages' points to the YTD Gross Income field; 'Annual Income automatically populates' points to the Annual Income field; and a box containing the text '"Number of times Borrower has been paid this year:"' has an arrow pointing to the corresponding input field.

"Number of times Borrower has been paid this year:"

This is the total number of times the applicant has actually been paid for the year (looking at check dates)

- ✓ Enter the whole number of times the applicant has been paid for the year
- ✓ Semi-Monthly is paid 24 times a year (twice a month), usually the 1st and the 15th or, the 15th and the end of the month
- ✓ Monthly is paid 12 times a year, usually on the 1st or end of the month but, may vary

Income Calculation Examples

123 - John R. Doe		Pay Period 01/01/23 to 01/07/23		Required Deductions		
Earnings				Federal Income Tax	00.00	00.00
Hours	Rate	This Period	YTD	FICA - Medicare	06.08	12.16
50	9.00	450.00	900.00	WI State Income Tax	00.00	00.00
Gross Pay		450.00	900.00	FICA - Social Security	25.92	51.84
				Other Deductions		
				Health Insurance	00.00	00.00
				401k	00.00	00.00
				Parking	00.00	00.00
				NET PAY	\$418.00	\$836.00
Your Employer 1234 Some Street Milwaukee, WI ZIPCODE				Check Number: XXXXXX		
				Pay Date: 01/13/23		

December 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6 \$	7
8	9	10	11	12	13 \$	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Borrowers Name: John Doe
Co-Borrowers Name:

- Pay Frequency:
- Weekly
 - Bi-Weekly
 - Semi-Monthly
 - Monthly

Borrowers VOE or Pay Stub Paid through date: 01/07/2023

Start Date: 12/25/2022

YTD Gross Income as shown on VOE or Pay Stub: \$900.00

Annual Income: \$23,400.00

Try it

123 - John R. Doe		Pay Period 01/09/23 to 01/22/23		Required Deductions		
Earnings				Federal Income Tax	00.00	00.00
Hours	Rate	This Period	YTD	FICA - Medicare	06.08	12.16
80	9.00	\$720	\$2000	WI State Income Tax	00.00	00.00
Gross Pay		\$720	\$2000	FICA - Social Security	25.92	51.84
				Other Deductions		
				Health Insurance	00.00	00.00
				401k	00.00	00.00
				Parking	00.00	00.00
				NET PAY	\$400.00	\$500.00

December 2022


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Your Employer
1234 Some Street
Milwaukee, WI ZIPCODE

Check Number: XXXXXX
Pay Date: 01/27/23



Income Calculation Spreadsheet

AHP Project Number: _____

Borrowers Name: _____

Co-Borrowers Name: _____

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Borrowers VOE or Pay Stub Paid through date: 01/22/2023 Start Date: 12/26/2022

YTD Gross Income as shown on VOE or Pay Stub: \$2,000.00

Annual Income: \$26,000.00



Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 28, 2021

NOTIFICATION OF CHANGE IN PAYMENT

$\$470 + \$391 = \$861$

$\$861 * 12 = \$10,332$

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$445.00 to \$470.00 beginning January 2022. The amount will change because the cost of living increased during the past year. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$470.00 around January 1, 2022, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure your payment has also changed-

Your increased Social Security benefits-before any deductions for Medicare premiums- \$391.00. You should receive the increased Social Security benefit about January 3, 2022. We must count the increase in your benefits for January 2022 even though we are counting your other income for November 2021.



Income Calculation Spreadsheet

AHP Project Number:	
Borrowers Name:	
Co-Borrowers Name:	
Pay Frequency:	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Monthly <input checked="" type="radio"/> Monthly
YTD Gross Income as shown on VOE or Pay Stub:	\$861.00
Number of times Borrower has been paid this year:	1
Annual Income:	\$10,332.00

Always take the monthly amount listed on the letter (before any deductions). FHLB does not "gross up" Social Security Amounts.

Tax Returns for Self-Employed & Seasonal Workers

SCHEDULE C (Form 1040) **Profit or Loss From Business (Sole Proprietorship)** OMB No. 1545-0074
2020 Attachment Sequence No. 09
 Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.
 Name of proprietor Social security number (SSN)

A Principal business or profession, including product or service (see instructions) **B** Enter code from instructions

C Business name. If no separate business name, leave blank. **D** Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶
 City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No
H If you started or acquired this business during 2020, check here Yes No
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1
2	Returns and allowances		2
3	Subtract line 2 from line 1		3
4	Cost of goods sold (from line 42)		4
5	Gross profit. Subtract line 4 from line 3		5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6
7	Gross income. Add lines 5 and 6		7

Part III Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	18	Office expense (see instructions)	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	20a
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20b
12	Depletion	12	b	Other business property	21
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest (see instructions):	16	24	Travel and meals:	24a
a	Mortgage (paid to banks, etc.)	16a	a	Travel	24a
b	Other	16b	b	Deductible meals (see instructions)	24b
17	Legal and professional services	17	25	Utilities	25
25			26	Wages (less employment credits)	26
26			27a	Other expenses (from line 48)	27a
27a			27b	Reserved for future use	27b
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	▶	28		
29	Tentative profit or (loss). Subtract line 28 from line 7		29		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30		
31	Net profit or (loss). Subtract line 30 from line 29				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.				

32a All investment is at risk.
 32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040) 2020

Need most recent 2 years of **signed** and **filed** tax returns

- Self-employment income is calculated by taking an average of the two years. **
- ✓ Take the Net Profit (or loss) as reflected on the Schedule C's from both years and average the two to get the annual income.
 - ✓ If applicable, add back any non-cash items to the net amounts such as depreciation, amortization or depletion.
 - ✓ The years of returns will depend on the time of year of the request and/or when the individual was income qualified.

** If the two-year average yields a negative number, the self-employment income should be reflected as \$0.
 ** A loss or "negative" income from self-employment should not be deducted from regular wages income, if applicable.

Find the average of the last 2 years.

Tax Return Example:

\$84,000

$\frac{\$84,000 + \$38,000}{2}$

= \$61,000

\$38,000



SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2023
Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service
Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor: Jane Doe
Social security number (SSN): 000-00-0000

A Principal business or profession, including product or service (see instructions)

C Business name. If no separate business name, leave blank.
Example

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2023, check here Yes No

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	\$100,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	\$100,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7	Gross income. Add lines 5 and 6	7	\$100,000

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	\$5,000
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	\$3,000
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	\$3,000
16	Interest (see instructions):	16		24	Travel and meals:	24	
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	
16b	Other	16b		24b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	\$5,000
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	\$16,000	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	\$84,000	27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	\$4,000	32a	All investment is at risk.	32a	<input type="checkbox"/>
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32		32b	Some investment is not at risk.	32b	<input type="checkbox"/>

SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2022
Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service
Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor: Jane Doe
Social security number (SSN): 000-00-0000

A Principal business or profession, including product or service (see instructions)

C Business name. If no separate business name, leave blank.
Example

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2022, check here Yes No

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	70,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	70,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7	Gross income. Add lines 5 and 6	7	70,000

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	10,000	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	5,000
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	5,000	23	Taxes and licenses	23	3,000
16	Interest (see instructions):	16		24	Travel and meals:	24	
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	
16b	Other	16b		24b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	5,000	25	Utilities	25	4,000
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	32,000	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	38,000	27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	\$8,000	32a	All investment is at risk.	32a	<input type="checkbox"/>
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32		32b	Some investment is not at risk.	32b	<input type="checkbox"/>

Steps to Verify Income:

1. Obtain applicable income documentation

2. Calculate annual household income

3. Calculate the household Area Median Income

Median Income Ratios



AMI information provided on *fhlb.com*:

Home / Community Programs

Homebuyer Equity Leverage Partnership

Our Community Programs

- Affordable Housing Program
- Community Advance Programs
- Disaster Programs
- FORTIFIED Fund
- Homebuyer Equity Leverage Partnership
- Partnership Grant Program
- Small Business Boost
- Special Needs Assistance Program

We have exhausted its 2023 AHP funds for the Homebuyer Equity Leverage Partnership (HLEP) program. Through member inst...

Helpful Resources

- Income Calculation Tool
- HELP Funding Manual
- GrantConnect Webinar
- AHP Implementation Plan
- 2023 Median Incomes**

HUD AMI Portal:

<https://www.huduser.gov/portal/datasets/il.html>

OFFICE OF POLICY DEVELOPMENT AND RESEARCH (PD&R)

INCOME LIMITS

Dataset/Income Limits

HUD's Office of Policy Development and Research (PD&R) is pleased to announce that Fair Market Rents and Income Limits data are now available via an application programming interface (API). With this API, developers can easily access and customize Fair Market Rents and Income Limits data for use in existing applications or to create new applications. To create an account and get an access token, please visit the API page here: <https://www.huduser.gov/portal/dataset/frm-api.html>.

The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the Public Housing, Section 8 project-based, Section 8 Housing Choice Voucher, Section 202 housing for the elderly, and Section 811 housing for persons with disabilities programs. HUD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county.

Statement on FY 2023 Income Limits

2023 2022 2021 2020 2019 Year

Query Tool Documents Data FAQs

Effective May 15, 2023.

Access Individual Income Limits Areas

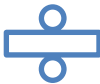
This system provides complete documentation of the development of the FY 2023 Income Limits (ILs) for any area of the country selected by the user. Official ILs, available in pdf and excel formats at this link, may differ slightly from those calculated in the documentation system, and should be used for ALL official purposes.

Calculating AMI

Colorado County, TX
FY 2023 MFI: \$74,200

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON
EXTR LOW INCOME	15400	19720	24860	30000	35140
VERY LOW INCOME	25700	29400	33050	36700	39650
LOW-INCOME	41100	47000	52850	58700	63400

$$\$25,700 \times 2 = \$51,400$$

Household Income

Income at 100% AMI

$$\frac{\$26,000}{\$51,400} = 50.58\% \text{ AMI}$$

Additional Notes on Income

Overtime, Commissions and Bonuses

- ✓ Should be included in the annualized calculation based on YTD wages EXCEPT in the case where the applicant's employer provides a statement confirming that overtime, commission, bonus, etc. was a one-time occurrence and will not happen on an on-going basis.
 - If the employer cannot confirm it was a one-time occurrence, any overtime/bonus/commission amounts will be included in the annualized income amount.

Child Support

- ✓ If applicable, take the monthly amount from a Divorce Decree/Court Order etc. and multiple by 12 for the annual amount.
- ✓ Or, if the amount noted in the order is not consistently received/full amount is not being paid etc., calculate an average monthly amount based on payments received (as evidenced by official child support payment statements) and multiply by 12 to get the annual amount.

Bank Statements

- ✓ Bank Statements are generally not an acceptable form of income documentation as they show net amounts of income received as opposed to the gross amounts needed for calculation purposes.

Questions?



Application Submission Process

Funding Process

Complete requests must be submitted through the member institution via GrantConnect

HELP & DRA: 5-7 business days to review and fund requests
SNAP: Variable - most within 3 months from the close of the window

Funding is disbursed to the member institution's account with FHLB

Member uploads final documentation via GrantConnect
HELP: Final CD – 30 days, Recorded Deed – 60 days
SNAP & DRA: 60 days

Submit Documents via GrantConnect

GrantConnect is the system we use to accept and process Set-Aside applications from members. Registrations for use of the portal will only be approved if the individual is employed by a member institution.

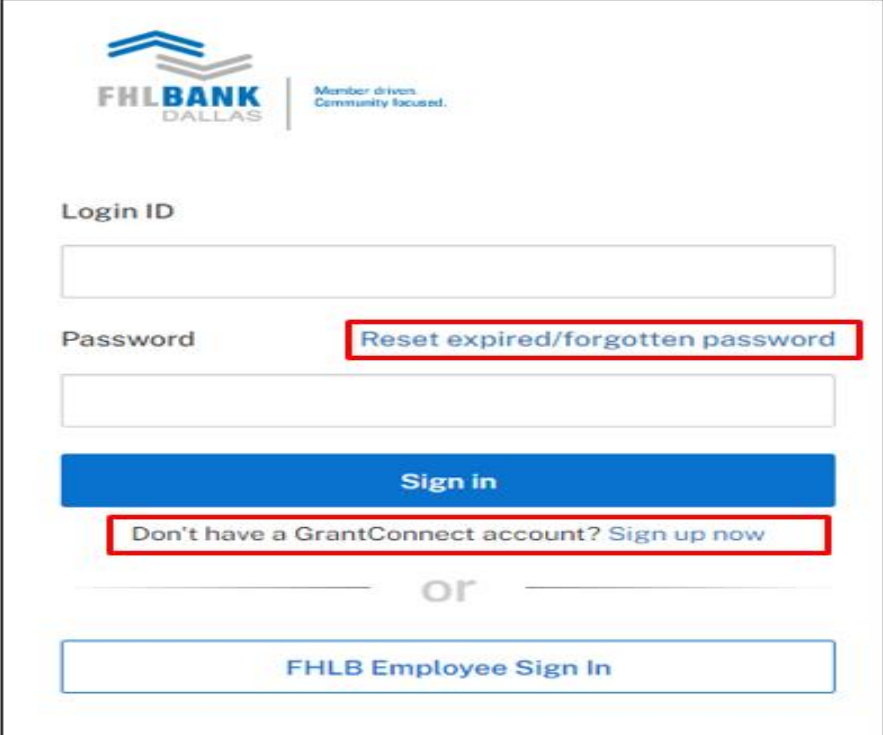
How to Register:

1. Go to <https://app.fhlb.com/GrantConnect>
2. You can create an account by choosing "Sign up now" under the "Sign in" Button
3. Follow the prompts to create a Login ID* and provide other details we need. Register **as a member**
4. Connect your account to your organization & submit
5. We will review and send an approval over email

GrantConnect - Tips

- Use Chrome or Edge Browser
- GrantConnect requires multifactor authentication using either a direct-dial phone line phone (cannot be an extension), cell or an authenticator app on your phone.
- Registration approval can take up to 24 hours

Call 1-800-362-2944 for help



FHLBANK
DALLAS | Member driven.
Community focused.

Login ID

Password [Reset expired/forgotten password](#)

Sign in

[Don't have a GrantConnect account? Sign up now](#)

or

FHLB Employee Sign In

Questions?

For More Information

Contact Us!

By Phone:

800.362.2944

By Email:

ahp@fhlb.com

Additional information is available online at [fhlp.com/ahp](https://www.fhlp.com/ahp)