

FEDERAL HOME LOAN BANK OF BOSTON
Affordable Housing Program (AHP) Disbursement Request Form

Date of Request: _____ Date Funds Needed: _____

PART I -- Member and AHP Initiative Identification

Member's Name: _____
Contact Name: _____ Tel: _____ Fax: _____
AHP Initiative Name: _____
Sponsor: _____ Tel: _____ AHP#: _____
Total AHP Award: \$ _____
Subsidized Advance: \$ _____ Term/Amort: _____ (years) FHLB Rate: _____ %
Direct Subsidy: \$ _____
Use of AHP award funds as stated in _____
original, approved application: _____

PART II -- Check here if this is the Initial Disbursement and include the information below:

The items listed below are required with the first request, if there have been any changes since the original application. If, after the first disbursement, there are additional changes, the information is required with subsequent requests.

1. Three executed copies of the Affordable Housing Program Agreement, if not already submitted.
2. The current Sources and Uses for the initiative
3. A current, completed AHP Subsidy Calculation Worksheet
4. The current and 15-year Operating Proformas (for rental developments only).
5. Have changes occurred to the development or operating budgets since approval? Yes No
 - If the development or operating budgets increase or decrease by 5% or more, **please** explain.
6. If changes or modifications to the Qualifying Characteristics, include a written request for approval.
7. Copy of the mortgage or other legally enforceable document, including AHP covenants securing the AHP funds through the retention period (required at initial disbursement only).
8. Include any delinquent AHP monitoring reports. Delinquent reports may delay disbursement.
9. **Mortgage financing programs will be disbursed funds on a reimbursement basis. See AHP "Next Steps" for more information.**

PART III -- This Disbursement Request

Amount Requested: Subsidized Advance: \$ _____ Direct Subsidy: \$ _____
Please note that all FHLB advances are subject to prepayment fees.

Use of the AHP award funds _____
requested in this disbursement: _____

PART IV -- Previous Disbursements for this AHP Initiative

Subsidized Advance: \$ _____ Direct Subsidy: \$ _____

10. Have all funds previously disbursed to member been disbursed by member to borrower? Yes ___ No ___

- If yes, attach wire transfer or other evidence that funds were passed from member to sponsor within 90 days of receipt of funds, unless previously provided to FHLB Boston. If no, attach an explanation.

Part V -- Certification

TO BE SIGNED BY AN AUTHORIZED OFFICER OF THE MEMBER

I request this disbursement and certify that this development and institution are in compliance with the terms and conditions of the FHLB of Boston commitment of AHP award funds for this development, with the AHP Regulations governing this award, and further, that the information contained herein is true and correct.

By: _____ Title: _____ Date: _____

Note to Members: Allow 10 business days for processing. Funds will be disbursed to your IDEAL Way account at FHLB Boston. To transfer funds, call Operations at (617)292-9634 with wire transfer instructions.