



Member driven.
Community focused.

Special Needs Assistance Program (SNAP)

2024 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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SNAP Questions and Answers

SPECIAL NEEDS HOUSEHOLD REQUIREMENT

Q: *What constitutes a Special Needs Household?*

A: Special Needs for owner-occupied housing means a household with any of the following: elderly person(s), person(s) with disabilities (including minors), person(s) recovering from physical abuse, alcohol, or drug abuse, or person(s) with HIV/AIDS. Elderly means an individual who is fifty-five years of age or older. At least one permanent occupant of the household must meet at least one of the special needs criteria. Acceptable special needs documentation includes any of the following:

- Federal or state issued identification confirming age;
- Social Security Benefits Statements evidencing age-eligible benefits or disability benefits;
- Medical reports or referral letter or document from a medical professional confirming a qualified special needs disability;
- Referral letter/form/certificate that evidences treatment or participation in a program that provides services and/or treatment for a defined special need;
- A fully-completed Verification of Special Needs form (available in this Funding Manual).

NOTE: Please do not include copies of Social Security cards in the SNAP application submission.

HOUSEHOLD REQUIREMENTS

Q: *How is the household size determined?*

A: Any individual who is a permanent resident of the subject home must be included and listed on the Household Income Certification form, along with his or her income, as applicable. All occupants, including minors, are to be identified on the Household Income Certification, as household size determines the household's median income limit requirement. All applicable income amounts, including non-wage income of minors (such as social security or disability) must be included. A pregnant woman is counted as two persons within the household size.

Q: *Can a household receive more than one SNAP grant?*

A: An eligible household can receive a SNAP grant in different years if the grant request covers different eligible repairs.

Q: *Is ownership of the subject home required?*

A: Yes. To be eligible for SNAP, at least one of the permanent occupants of the subject home must be an owner in title.

HOUSEHOLD INCOME REQUIREMENT

Q: *How is annual household income determined?*

A: There are several acceptable methods of calculating income depending on the source of income and the income documentation. Our program considers income on a forward-looking basis by annualizing documented earnings or benefit amount.

- For wage earners, we require a paystub issued no more than 90 days prior to the date the household was considered income qualified by the member. For wage earners, the preferred method of income calculation is a determination of annualized income utilizing the Income Calculation Tool available on our SNAP website. The Income Calculation Tool is an Excel worksheet which produces a projected annualized income based on gross YTD earnings from the date the YTD earnings began.
- Overtime, bonus, commission, tips, other special pay: any recurring OT, bonus, commissions, tips or other special pay is considered in determining the qualifying income. We annualize these types of earnings based on average of amounts earned YTD. Depending on the nature of the income type, it may be acceptable to annualize the YTD amount separate from base salary. One-time pay amounts or income types that are no longer continuing can be excluded from annual income calculation if there is satisfactory documented confirmation of the non-recurring or non-continuation status.
- For Self-employed applicants, we require the most recent 2 years of signed, filed IRS tax returns. Self-employment income is considered stable and eligible for qualifying purposes if the income has been received for a full 2 calendar years. The income is calculated by taking an average of the net profit based on the most recent 2 full years of tax returns. Deductions in income for depreciation, amortization, depletion and other non-cash deductions should be added back to Net Profit on Schedule C, partnership or corporation income to determine compliance income. If the two-year average yields a negative number, the income for self-employment earnings should be reflected as \$0. Net losses from self-employment should not be deducted from any other household income received, if applicable.
- For Social Security pension, SSI or Social Security Disability, we require the applicable current benefit letter or statement confirming the gross monthly benefit amount. The gross monthly benefit is annualized for a 12-month period.
- For private pension income, we require either a letter or statement from the Pension Plan confirming the current gross monthly pension amount. The gross monthly pension amount is annualized for a 12-month period.

NOTE: Copies of bank statements are not accepted as income documentation for social security or pensions as amounts deposited into bank accounts may not represent full gross amounts.

Q: *Does income of minors count as qualifying income?*

A: Social Security benefits or Social Security Disability benefits received by the household on behalf of an occupying minor are counted as qualifying income. Job wages earned by an occupying minor are not counted as qualifying income.

Q: *Does child support or alimony count as qualifying income?*

A: Child support and/or alimony received on a regular basis is counted as qualifying income. Court records reflecting the income receipt history are required.

Q: *Are HUD Housing Vouchers counted as qualifying income?*

A: Yes, the monthly Housing Voucher amount must be documented and counted in annual income.

HOUSEHOLD INCOME REQUIREMENT CONTINUED

Q: *What is the requirement regarding adult occupants of the subject home who have no income?*

A: If a household member (who is not a full-time student) is 18 years of age or older and has no income, a signed and dated Certification of Zero Income is required. The Certification of Zero Income form is located in the SNAP Funding Manual.

Q: *Are there some types of income that do not count as qualifying income?*

A: Yes. Exhibit G of the AHP Implementation Plan lists income categories that are excluded from consideration as qualifying income. The AHP Implementation Plan can be accessed via the SNAP website.

Q: *Does the date of income documentation matter?*

A: Some income documentation, such as paychecks and verification of employment letters or forms, must be dated within 3 months prior to the date the member determined the household was income-qualified to receive SNAP funds. Please refer to the Verification of Income instruction page in this Funding Manual to confirm additional requirements or clarification regarding our income documentation requirement.

ELIGIBLE REPAIR REQUIREMENTS

For SNAP, the requested repair(s) must comply with the list of Eligible Repairs contained in the current version of the SNAP Funding Manual.

Q: *Can I submit a request for repairs that are not included on the Eligible Repairs list?*

A: Upon receipt of a SNAP application, any requested repair items not corresponding with the Eligible Repairs list will be excluded from the SNAP grant disbursement amount.

Q: *After submission of a SNAP application, are repair substitutions allowed to replace ineligible repairs?*

A: Substitutions to replace ineligible repairs in a SNAP submission are not allowed.

GENERAL OVERVIEW

Q: *What is meant by “Member Cap”?*

A: The per-member submission cap established for SNAP is the maximum total amount that the member may submit for consideration by FHLB Dallas. Since SNAP is offered during a fixed submission window(s), the final member cap will be determined after the end of the submission window(s). The member cap amount is not a commitment to, or guaranteed amount for, any individual member.

Q: *How can non-profits and other organizations participate in SNAP?*

A: SNAP allows for the involvement of an intermediary organization working in conjunction with an FHLB Dallas member institution. A developer fee for an intermediary is allowed, not to exceed 10% of the SNAP subsidy. **An intermediary serving as the project contractor is not eligible to receive a developer fee.** Additionally, the member institution is not eligible to receive a developer fee.

Q: *What is meant by “Intermediary Cap”?*

A: The per-intermediary cap established for SNAP is the maximum total amount that can be submitted on behalf of an intermediary organization in that year, subject to funds availability. An intermediary can be involved in SNAP applications through multiple members, subject to the annual intermediary cap. The intermediary cap amount is not a commitment to, or guaranteed amount for, any individual intermediary.

GENERAL OVERVIEW CONTINUED

Q: *Why does FHLB require documentation before releasing funds?*

A: To validate homeowners are eligible for SNAP funds and to reduce the potential for recapture of funds from our members, we require verification of household income, documented special needs status, documented need for, and scope of, the planned repairs and documentation of the pass-through of the SNAP grant funds.

Q: *What constitutes evidence of the need for, and scope of, repairs?*

A: Each SNAP grant request submission must include a fully-executed SNAP Home Repair Estimate (form available in the current SNAP Funding Manual) and a pre-rehabilitation inspection report. The Home Repair Estimate must identify the program-eligible proposed repairs in sufficient detail and indicate the labor charge vs. materials cost. (Overall labor charge and overall material cost is acceptable.) For roof repair replacement, the estimated quantity of shingles must be indicated. The pre-repair inspection report must confirm the need for the proposed repairs.

Q: *What constitutes “pass-through” of the SNAP grant?*

A: Documented evidence is required of the SNAP subsidy passing through from the member to the applicable repair/rehabilitation project, for the benefit of the household. Documentation required to support pass-through of the SNAP grant is described in the Inspection and Pass-Through Documentation section of the current year SNAP Funding Manual.

Q: *What are the property inspection requirements?*

A: Pre-rehabilitation and post-rehabilitation inspection reports are required to mitigate the potential risk of fraud and help protect both the homeowner and the member from claims of incomplete or defective workmanship. We do not have a specified inspection report form; the inspector may use their own report format. The pre-rehabilitation inspection report must address the specific items that require modification/rehabilitation or confirm the scope of proposed work identified on the applicable SNAP Home Repair Estimate. All inspection reports must reflect the inspector's name and contact information. The post-rehabilitation inspection report must confirm the original scope of work was completed in an acceptable manner. Both pre-repair and post-repair reports must include sufficient representative photos. Refer to the SNAP Inspection and Pass-Through Documentation page in the current SNAP Funding Manual for further information. If not provided with original submission, the pre-inspection report is due within 45 days after the close of the SNAP window.

Q: *Who can perform the inspections?*

A: The pre- and post-inspections must be conducted by an independent third party selected by the member. Unless the intermediary is a government-controlled entity, the third-party inspector must not be related to the intermediary. The same inspector should conduct both the pre- and post-inspections on a given project. (If not, an explanation is required.)

Q: *Who can perform the rehabilitation repairs?*

A: The repair contractor named on the executed Home Repair Estimate should be vetted by the member to establish their qualification credentials.

Q: *Do the repairs have to be completed prior to receiving SNAP funds?*

A: No. We will accept the fully-executed SNAP Home Repair Estimate and pre-inspection report to disburse the funds; verification of the completed rehab work should be provided within 60 days of the disbursement of funds. Failure to provide the final completion documentation in the time required could result in a delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).

GENERAL OVERVIEW CONTINUED

Q: *Are mobile homes allowed for SNAP?*

A: Owner-occupied, primary residence mobile homes, either single or double wide, are acceptable so long as the unit is permanently affixed.

Q: *Can SNAP funds be combined with any other approved AHP funds (General Fund and any Targeted Funds and Homeownership Set-Aside Programs) awarded by any Federal Home Loan Bank?*

A: No. A SNAP grant cannot be issued in combination with any additional Federal Home Loan Bank funds.

Q: *Can SNAP funds be leveraged with non-FHLB funding sources?*

A: Yes. All funding sources are to be identified on the SNAP Sources of Funds form.

Q: *Can the homeowner receive cash from the SNAP grant proceeds?*

A: No. The full SNAP grant amount must pass through to applicable parties in accordance with the documented Uses of Funds. Disbursement of any portion of the grant directly to the homeowner is not allowed.

Q: *How will I know if a SNAP funding request is approved?*

A: Upon approval, an email confirming the grant disbursement will be sent to the member contact listed on the "SNAP Request for Disbursement of Funds" form.

Q: *How will the member institution receive funding after a SNAP application has been approved?*

A: We will credit the member's DDA in the amount approved. Upon receipt, the member serves as the gatekeeper of the SNAP funds and oversees disbursement of the funds to the applicable contractor and/or intermediary and/or inspector in accordance with their own internal procedures.

Q: *What is the most common mistake regarding SNAP applications?*

A: The most common oversights are discrepancies in the SNAP Sources and Uses form. The total of Sources must match the total of Uses, and the SNAP grant amount reflected on the Request for Disbursement of Funds must be supported by the Uses of Funds amount.

Q: *Are extensions for repair completion allowed?*

A: We understand situations outside the member's control may occur. The member should keep us apprised of legitimate delays and continue to monitor the situation to accomplish completion of the applicable project repairs as soon as possible.

Q: *For a funded grant, what is the required process if the requested repairs are not completed?*

A: After a SNAP grant is disbursed, if the project is cancelled due to repairs not completed, we are to be notified via email to the department inbox (ahp@fhlb.com) so the grant can be cancelled. The grant cancellation process will generate a debit to the member DDA in the amount of the grant, reversing the amount originally credited to the DDA. Timing of the cancellation will be coordinated with applicable member staff.

GENERAL OVERVIEW CONTINUED

Q: *If a disbursed SNAP grant is canceled, do those funds remain allocated for use with a different applicant?*

A: No. If a disbursed SNAP grant is canceled, the amount of the canceled funds revert back to the general pool of funds available to be offered to any already submitted waitlist applications, if applicable.

Q: *What is the process for SNAP applications that are withdrawn prior to the grant being disbursed?*

A: If a SNAP grant application needs to be withdrawn prior to disbursement, please notify us via email to ahp@fhlb.com and we will withdraw the request in the portal. If a SNAP grant application is deemed ineligible by FHLB staff, the applicable member contact will be notified accordingly and the funds will be reallocated back to the general pool of funds.

Q: *Is the member penalized for SNAP grant applications that cancel or withdraw?*

A: There is no financial penalty incurred by the member in connection with a SNAP application withdrawal or SNAP grant disbursement cancellation. However, a pattern of high cancellation or withdrawal will be a matter of concern and could impact our ability to disburse future SNAP grants to the member.

Q: *Does FHLB require a recorded Deed Restriction in connection with a SNAP grant?*

A: No. The Deed Restriction requirement was removed from SNAP.

Q: *What is the process for obtaining a release of a previously-recorded SNAP Deed Restriction?*

A: When requested via an email to the department mailbox (ahp@fhlb.com), we will provide to the requester an executed Release for a previous SNAP grant, including Deed Restrictions that still have a remainder of the original 60-month term. The requester is responsible for having the Release recorded in the applicable jurisdiction.

SNAP Request for Disbursement of Funds

Date: _____ FHFA ID : _____

Member: _____

Intermediary Organization (if applicable): _____

Member Contact: _____ Email: _____

Prepared By: _____ Email: _____

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

*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.

SNAP Member Certification

Member Name: _____ FHFA ID#: _____

Name of Applicant: _____ (“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: _____

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: _____

Name:

Title:

Date:

SNAP 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: _____
 FHFA ID#: _____ Date: _____

Part I. Household Composition

| Household Member # | Name | Relationship to Head of Household | Age | F/T Student (Y or N) |
|--------------------|------|-----------------------------------|-----|----------------------|
| 1 | | HEAD | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| Totals | | | | | | |

Add totals from (A) through (F) above

Total Income

- 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:

SNAP Verification of Income

The Bank must validate the annual household income to ensure income eligibility compliance of applicants. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan.

- 1) We will accept the following types of documentation as verification of household income:
 - Payroll earnings statements reflecting YTD gross earnings as of an applicable payroll date (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in SNAP).
 - Most recent Social Security Benefit Letters and/or Social Security Supplemental Income (SSI) Statement
 - Completed and properly executed verification of employment letters (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in SNAP)
 - Completed and signed most recent 2 years' filed U.S. Individual Income Tax Returns (i.e., Internal Revenue Service 1040 Forms). To use this documentation method, the applicant must be self-employed or a seasonal worker.
 - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) for the most recent 2 years. To use this documentation method, the household must be income qualified within the first 3 months of the current year, or the applicant must be a seasonal worker.
 - Financial statements verifying payments currently received from annuities, pensions, insurance policies, etc.
 - Financial statements verifying stock portfolio earnings, dividends, and other interest income
 - Current letters or case management forms from public assistance agencies
 - Current approved HUD housing assistance vouchers
 - Court orders verifying alimony awards and/or child support payments
- 2) The Bank reserves the right to request more recent income documentation if applicable. The Bank generally does not accept multiyear averages of income, except that if all or a portion of an individual's income is net income derived from operation of a business or profession the Bank may review and average such income over at least a two-year period.
- 3) We do not include food stamps as part of income. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan for other items that are not included as income.
- 4) Please include all income for each permanent household occupant, including any applicable non-wage income for minors (such as social security or disability benefits). If a household member is 18 years of age or older and has no income, a signed "Certification of Zero Income" form is required.
- 5) To ensure that we calculate a correct annualized income, please provide the start and termination dates if the applicant has held more than one job during the year. Also, please advise of any employment gaps if employment does not cover an entire 12-month period.

SNAP Income Documentation Worksheet

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 SNAP Funding Manual to assist in the calculation of annualized income for wage earners.

Applicant's Name _____

- Using a paystub from the applicant. Must reflect employee name and be dated within three months prior to the date the household was income qualified by the member to participate in SNAP
- Using Social Security Benefit Letters and/or Social Security Supplemental Income notices
- Using a completed Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name and must be dated within 3 months prior to the date the household was income qualified by the member to participate in SNAP)
- Using completed and signed U.S. Individual Tax Returns or year-end wage and tax statements to use this income documentation source, the household must be income qualified by the member within the first 3 months of the current year, or the applicant must be self-employed or a seasonal worker
- Using financial statements verifying payments received from annuities, pensions, insurance policies, etc.
- Using financial statements verifying stock portfolio earnings, dividends, and other interest income
- Using letters or case management forms from public assistance agencies
- Using approved HUD housing assistance vouchers
- Using court orders verifying alimony awards and/or child support payments
- Using Other Income Documentation (please describe):



Member driven.
Community focused.

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, 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 living expenses:

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 household occupant

Printed Name

Date

Certificación de Zero Ingreso

(Solo para ser completado por miembros del hogar mayores de 18 años, cuando corresponda)

Nombre del ocupante del hogar sin ingresos: _____

Dirección de la propiedad: _____
Dirección Ciudad Estado Código Postal

1. Certifico que no recibo ingresos de ninguna de las siguientes fuentes:
 - a) Sueldos de empleo (incluidas comisiones, propinas, bonificaciones, honorarios, etc.);
 - b) Ingresos por operación de un negocio;
 - c) Ingresos de alquiler de propiedad real o propiedad personal;
 - d) Intereses o dividendos de bienes;
 - e) Pagos de Seguro Social, anualidades, pólizas de seguro, fondos de jubilación, pensiones o beneficios por fallecimiento;
 - f) Pagos por desempleo o incapacidad;
 - g) Pagos de asistencia pública;
 - h) Asignaciones periódicas como pensión alimenticia, manutención infantil o obsequios recibidos de personas que no viven en mi hogar;
 - i) Ventas/ingresos de recursos por cuenta propia o por contrato (Uber, LYFT, Mary Kay, etc.);
 - j) Cualquier otra fuente no mencionada anteriormente.
2. Actualmente no tengo ingresos de ningún tipo y no se espera ningún cambio inminente en mi situación financiero o laboral durante los próximos 12 meses.
3. Utilizaré las siguientes fuentes de fondos para pagar mis necesidades:

Bajo pena de perjurio, certifico que la información presentada en esta declaración es verdadera y precisa a la mejor capacidad de mi conocimiento.
El abajo firmante comprende además que proporcionar declaraciones falsas en este documento constituye un acto de fraude.

Firma del declarante ocupante de vivienda

Nombre en letra de molde

Fecha

SNAP Sources and Uses of Funds

The "Sources of Funds" and "Uses of Funds" page must be completed and submitted with each Request for Disbursement of Funds. The Total Sources of Funds must match the Total Uses of Funds.

Sources of Funds Table

- 1) Indicate all sources of funds being used for the proposed repairs/rehabilitation.
- 2) In addition to identifying the sources of funds, please answer each of the questions on the form by checking the applicable "yes" or "no" response.

Uses of Funds Table

- 1) Indicate how each funding source from the Sources of Funds Table will be allocated. Fill out the appropriate column with the amounts.
- 2) If applicable, calculate the developer fee to confirm it does not exceed 10% of the subsidy amount.

SNAP Inspection & Pass-Through Documentation

The Bank requires evidence of the SNAP subsidy passing through from the member for the benefit of the household, to the applicable repair/rehabilitation project. Pass-through is documented by the following:

Items required at time of disbursement request submission (along with completed Funding Manual):

- Signed and fully executed **Home Repair Estimate** (form in Funding Manual). **This form is required.** Separate cost estimates outside of the funding manual will not be accepted.
- Pre-Rehabilitation Inspection Report – must be completed by an independent third party **selected by the member**. Unless the intermediary is a government-controlled entity, the third-party inspector must not be related to the intermediary. The pre-rehabilitation inspection report must contain the specific items that require modification/rehabilitation or confirm an attached scope of work. **The pre-rehabilitation inspection report must include photos.**
 - **Items to include with the Pre/Post Inspections:**
 1. **Inspection Reports**
 2. **Before/After Photos**
 3. **Inspection Invoice(s), if applicable**

NOTE: at member's option, the pre-inspection report can be excluded at time of disbursement request submission. However, the pre-inspection report must be provided within **45 days** from the end of the SNAP submission window. Failure to provide the pre-inspection report within this time frame will result in automatic withdrawal of the submission.

Items required upon completion of the rehabilitation/repairs:

Within 60 days of disbursement of the SNAP funds to the member, the Bank requires the following:

- Final Cost Certification
- Final Invoice(s)
- Post-Rehabilitation Inspection Report – The same criteria as above applies with respect to the inspector. Typically, the same inspector performs both the pre- and post-repair inspections on a given project. The post-rehabilitation inspection report must include photos.

Failure to provide the above in the required timeframe may result in the delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).

SNAP List of Eligible Repairs

Below is a list of eligible repairs allowable under the SNAP. If the repairs submitted in the request are not included in the list below, the repairs will be considered ineligible for SNAP funds.

- **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**



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Home Repair Estimate SNAP (Special Needs Assistance Program)

Date: _____ Business Name: _____
 Homeowner: _____ Contractor Name: _____
 Address: _____ Phone Number: _____
 Bid Expiration Date: _____ Address: _____

| Repair Item | Units/# | Material Cost | Labor Cost |
|-------------|---------|---------------|------------|
|-------------|---------|---------------|------------|

Signature of Contractor: _____ Total: _____

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: _____ Date: _____

Signature of Member: _____ Date: _____

SNAP 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

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

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

SNAP Final Cost Certification

Member Name/FHFA # _____

Homeowner: _____

Property Address: _____

CERTIFICATIONS

- 1) All SNAP-funded rehabilitation work has been completed to the satisfaction of the homeowner.
- 2) The contractor's invoices that detail the scope of work performed are accurate.
- 3) All rehabilitation work was completed as of _____ (date) by

 (Contractor Name) (Contractor Phone Number)
- 4) The final cost for the completed rehab work is _____.

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

| | | |
|-------------------------|--------------|--------|
| (Contractor) | (Print Name) | (Date) |
| (Homeowner) | (Print Name) | (Date) |
| (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.



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Federal Home Loan Bank of Dallas

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