FHLBANK DALLAS

Member driven.
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Disaster Rebuilding Assistance (DRA)

2026 Funding Manual

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.

During the submission period, members will upload disbursement requests to the online portal, GrantConnect, accessible at MyFHLB.com. Each application must include all required application documents at time of submission. Required application documents are identified on the Request for Disbursement of Funds form.

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Disaster Rebuilding Assistance (DRA)
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: _____

Disaster Amount Requested*:$ _____

The homeowner(s) county/parish must have been designated for Individual Assistance by FEMA no earlier than **January 1, 2022**.

The following documents are required for a complete DRA application. Please utilize this checklist to prevent any delays:

- ☐ 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)
- ☐ Completed DRA 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 DRA Home Repair Estimate Form
- ☐ FORTIFIED Roof Evaluation Affidavit (if applicable)
- ☐ 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:

*$15,000 per household

Only list the amount being requested from FHLB Dallas

*Intermediary means an IRS established 501c3 nonprofit organization, government entity or tribal entity that works with a member institution to facilitate applications for the Bank's Homeownership Set-Aside programs and applicable Voluntary programs. The Intermediary must be current on filing and paid all tax obligations to participate in any program.

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

Disaster Rebuilding Assistance
Member Certification

Member Name:_____ FHFA ID#:_____

Name of Applicant:_____("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: _____

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: _____

Name: _____

Title: _____

Date: _____

Disaster Rebuilding Assistance
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.

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	0.00	0.00	0.00	0.00	0.00	0.00

Add totals from (A) through (F) above **Total Income** 0.00

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. (If combined asset(s) are less than $5,000, report actual income from the asset(s). If combined asset(s) are greater than $5,000, report the greater of income from the asset(s) or .50% of the total asset(s).)

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:

Disaster Rebuilding Assistance
Verification of Income

The Bank must validate the annual household income to ensure the 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 for verification of household income:
   - Payroll earning statements reflecting YTD gross earnings as of an applicable payroll date (must include employee's name for verification and must be dated within 90 days prior to the date the member submitted the DRA request)
   - Completed and properly executed verification of employment letters (must include employee's name for verification and must be dated within 90 days prior to the date the member submitted the DRA request)
   - Most recent Social Security Benefit Letters and/or Social Security Supplemental Income (SSI) notices
   - Completed and signed most recent **2 years'** U. S. Individual Income Tax Returns (i.e., Internal Revenue Service 1040 Forms) for the most recent year; to use this documentation method, the applicant must be self-employed.
   - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) for the most recent year; to use this documentation method, the household must be income qualified within the first 3 months of the year, or the applicant must be a seasonal worker.
   - Benefit letters or statements verifying gross monthly payments currently received from annuities, pensions, insurance policies, etc.
   - Investment account statements verifying stock portfolio earnings, dividends, and other interest income
   - Current letters or case management forms from public assistance agencies confirming applicable assistance amount
   - Current approved HUD Section 8 certificates or confirmation letters
   - State housing agency verifications of income
   - Court orders verifying alimony awards and/or child support payments
2) The Bank reserves the right to request more recent or additional income documentation if applicable. The Bank generally does not accept multi-year averages of income, except that if all or a portion of an individual's income is derived from operation of a business or profession the Bank will review and average such income over at least a two-year period.
3) For Self-Employment income, if the two-year average yields a negative number, the income for self-employment earnings should be reflected as $0. Any losses from self-employment should **not** be deducted from any regular wages earned, if applicable.
4) The Bank does 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.
5) 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 who is not a full-time student, is 18 years of age or older and has no income, a signed "Certification of Zero Income" is required.
6) 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.
7) When full-time students who are 18 years of age or older are dependents, a small amount of their earned income will be counted. Count only earned income up to a maximum of $480 per year for full-time students, age 18 or older, who are not the head of the family or spouse or co-head. If the income is less than $480 annually, count all the income. If the annual income exceeds $480, count $480 and exclude the amount that exceeds $480.

Disaster Rebuilding Assistance
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 Disaster Rebuilding Assistance page to assist in the calculation of annualized 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 90 days prior to the date the member submitted the DRA request).
- ☐ A Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name for verification and must be dated within 90 days prior to the date the member submitted the DRA request).
- ☐ Social Security Benefit Letters and/or Social Security Supplemental Income notices.
- ☐ A completed, signed and filed U.S. Individual Income Tax Return or Year-End Wage and Tax Statements (i.e., Internal Revenue Service 1040 Forms and W-2 Forms); See requirements on previous page for when these documents are acceptable for a request submission.
- ☐ Benefit letters or statements verifying payments received from annuities, pensions, insurance policies, etc.
- ☐ Investment account 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 verifications of income.
- ☐ Court orders verifying alimony awards and child support payments.
- ☐ Other Income Documentation (please describe):

_____

_____

_____

Certification of Zero Income

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

Name of applicant 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 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

Disaster Rebuilding Assistance
Sources and Uses of Funds

The "Sources of Funds" and "Uses of Funds" pages 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) An Intermediary fee must not exceed $750, regardless of DRA request amount.

3) If the request is for a FORTIFIED Roof, DRA funds can cover the cost of the Evaluator fees.

Disaster Rebuilding Assistance
Sources and Uses of Funds

Date: _____ FHFA ID#: _____

Name of Member: _____

Sources of Funds

Name of Source of Funds	Amount ($)
FHLB DRA	
TOTAL Sources of Funds	$ 0.00

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

Uses of Funds

Uses of Funds	DRA Funds ($)	Other Funding Sources ($)	TOTAL ($)
Rehabilitation			$ 0.00
Inspection/Evaluator Fees			$ 0.00
Intermediary* Fee			$ 0.00
TOTAL COST	$ 0.00	$ 0.00	$ 0.00

The Intermediary Fee may not exceed $750 regardless of request amount.

*Intermediary means an IRS established 501c3 nonprofit organization, government entity or tribal entity that works with a member institution to facilitate applications for the Bank's Homeownership Set-Aside programs and applicable Voluntary programs. The Intermediary must be current on filing and paid all tax obligations to participate in any program.

**An intermediary serving as the project contractor is not eligible to receive an intermediary fee.
**The member institution is not eligible to receive an intermediary fee.

Disaster Rebuilding Assistance
Inspection & Pass-Through Documentation

The Bank requires evidence of the DRA 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**. Cost estimates or repair proposals prepared on a form other than the DRA Home Repair Estimate form will not be accepted. If multiple contractors are involved, an executed DRA Home Repair Estimate is required for each contractor.
    - If DRA funds are being used to substantially re-build or fully re-construct/newly construct in the place of the old structure (homeowner is temporarily displaced), other funding sources must be identified and committed at the time of request for DRA funds. It is expected that the homeowner should be able move back into their home upon the completion of the work utilizing DRA funds.

- 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.
    - **Items required for pre-repair and post-repair inspections:**
        1) **Inspection Reports**
        2) **Before repair photos/after repair photos (color photos may be required)**
        3) **Inspection Invoice(s), if applicable**

NOTE: at member's option, the pre-inspection report can be excluded at time of disbursement request submission. Once the household is determined by the Bank to be eligible for the DRA subsidy, the required pre-inspection and photos must then be provided in order for the requested Disaster subsidy to be disbursed. Submission of the trailing pre-inspection report must occur within a reasonable time frame after pre-approval of the disbursement request.

- If the DRA request is for roof replacement, the new roof must be a FORTIFIED Roof unless the structure of the home cannot support a FORTIFIED Roof. Evidence will need to be provided if the structure cannot support a FORTIFIED Roof. Items required for a FORTIFIED Roof:
    - Evaluation Affidavit (included in the Funding Manual)
    - Evidence the Contractor is FORTIFIED certified
    - Final FORTIFIED Certificate issued by IBHS must be submitted with the final documents

Items required upon completion of the rehabilitation/repairs:
Within 60 days of disbursement of the DRA funds to the member, the Bank requires the following:

- Signed and fully executed **Final Cost Certification** (form in Funding Manual). If multiple contractors were involved, a fully executed Final Cost Certification is required for each.

- All applicable **Final Invoice(s)** (contractor(s), inspections)

- Post-Rehabilitation Inspection Report – The same pre-inspection report criteria as stated above applies to the post-inspection. 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 post-repair documentation 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).

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Home Repair Estimate
DRA (Disaster Rebuilding Assistance)

Date: _____ Contractor Business Name: _____

Homeowner: _____ Contractor Name: _____

Address: _____ Phone Number: _____

Bid Expiration Date: _____ Contractor Address: _____

Repair Item	Units/#	Material Cost	Labor Cost

Signature of Contractor: _____ Total: $ 0.00

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: _____ Date: _____

Signature of Member: _____ Date: _____

Disaster Rebuilding Assistance
FORTIFIED Roof Evaluation Affidavit

If a DRA request is for a roof replacement, the new roof must be a FORTIFIED Roof unless the structure of the home cannot support a FORTIFIED Roof.

To qualify for a FORTIFIED Roof, a FORTIFIED Evaluator must perform an initial review of each home's current condition and provide documentation of the steps needed to complete the roof. This affidavit must be submitted with the DRA request to satisfy the documentation requirements.

An Evaluator may sign off on up to 10 homes/affidavit if the evaluator is serving multiple homes in the same application.

Property Address 1 _____

Property Address 2 _____

Property Address 3 _____

Property Address 4 _____

Property Address 5 _____

Property Address 6 _____

Property Address 7 _____

Property Address 8 _____

Property Address 9 _____

Property Address 10 _____

I (name) _____, certified as a FORTIFIED Evaluator™, ID# _____ on or about (date) _____, did personally inspect the property(s) listed above utilizing the Eligibility Checklist for FORTIFIED Home™ Designations. Based upon these criteria I have determined the above listed property is:

_____(initials) eligible to be designated to the FORTIFIED Roof™ level
_____(initials) not eligible to be designated to the FORTIFIED Roof™ level

The total cost to perform the evaluation services is $_____.

Signature: _____ Date: _____

Certification of Homeowner's Insurance Status

The following certification must 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
- ☐ 5. I/We do have insurance but, did not file a claim (provide explanation below)

I/We certify 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: _____

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 must 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
- Valid 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 adequate proof of homeownership cannot be provided, the request will be considered ineligible for DRA funds

If the documentation provided indicates homeownership occurred less than 30 days prior to the disaster or, after the disaster occurred, the request will be considered ineligible for DRA funds

The address listed on the proof of homeownership documentation provided will be verified against the address listed on the Home Repair Estimate, Inspection Report, Income Documentation, etc. If there are any discrepancies related to the address in the request documentation, please provide an explanation with the submission

Disaster Rebuilding Assistance
Final Cost Certification

FHFA ID Number: _____

Homeowner: _____

Property Address: _____

CERTIFICATIONS

1) All DRA-funded rehabilitation work has beencompleted 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) (Contractor Phone Number)

4) The final cost for work completed is _____.

Note: This is to be signed and dated by all parties after the completion of all repair work to 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 post-rehabilitation inspection report with photos and all applicable invoices.



Federal Home Loan Bank of Dallas
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