FHLBANK DALLAS

Member driven.
Community focused.

Homebuyer Equity Leverage Partnership Program (HELP)

2026 Funding Manual

HELP Program Funding Manual
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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.

Please review the HELP Q&A document available on fhlb.com

Members will upload disbursement request submissions to our online portal, GrantConnect, accessible at MyFHLB.com. Each HELP application must include all required documents at the time of submission. Required application documents are identified on the HELP Request for Disbursement of Funds form.

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FHLBANK DALLAS

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*:$_____

*Maximum HELP assistance:

- For properties located in Arkansas, Louisiana, Mississippi or outside the FHLB Dallas District: $20,000 per household
- For properties located in New Mexico or Texas: $25,000 per household

Please allow 7-10 business days after upload to review funding requests. Rush requests cannot be accommodated.

The following items are required at the time of grant submission with this complete 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 must 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
- ☐ Use of Artificial Intelligence (AI) Acknowledgment and Consent
- ☐ Signed Homebuyer Equity Leverage Partnership Program Agreement (if not previously submitted)

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
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:_____

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:	
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.

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:

HELP Program
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 HELP 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 HELP 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.

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 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 90 days prior to the date the member submitted the HELP 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 HELP 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, 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

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

HELP Program
Long-term Retention Documentation

Things you must know about HELP retention:

1) The retention document must include the amount of the HELP subsidy for the applicant.

2) The retention document must include the number of years of retention. **The retention period for HELP Units must be 5 years.**

3) Please include substantially the following statements in the retention document:

Retention agreements for HELP Units (5 years). The member shall ensure that a HELP Unit financed by the proceeds of a direct subsidy is subject to a deed restriction, or other legally enforceable retention agreement or mechanism requiring that:

- The Bank's Community Investment Department is to be given notice of any sale, transfer, assignment of title or deed, or refinancing of the unit by the household occurring prior to the end of the retention period;
- In the case of a sale, transfer, or assignment of title or deed prior to the end of 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 seller owned the unit, or (ii), any net proceeds realized upon the sale, transfer, or assignment of title or deed of the unit, 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;
- In the case of a refinancing prior to the end of 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 unit, or (ii) any net proceeds realized upon the refinancing minus the HELP-assisted household's investment, unless the unit 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; and
- The deed restriction or other legally enforceable retention agreement or mechanism should be subordinate to any valid outstanding lien against the unit currently of record. The obligation to repay HELP subsidy to the Bank shall terminate after any 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.

4) This document does not have to be signed and recorded prior to receiving HELP funds. A draft will be acceptable. However, a copy of the executed and recorded deed restriction must be received by the Bank. Deed restrictions on Native American Land must be filed with the Bureau of Indian Affairs (BIA) and must be authorized by the BIA and signed by a tribal official with authority.

5) HELP-assisted households should maintain documentation of their household investments in case the unit is sold or refinanced during the five-year retention period. Households should be notified of this recommendation by their financial institution.

6) The following is a sample of a retention document. This is just a sample and does not have to be used to adhere to our requirements. If, however, the retention document within the submission will differ substantially from the Bank's sample retention document, please contact the Bank at 800.362.2944. In addition, if the purchase involves a manufactured home, please contact the Bank at 800.362.2944 so that we can give you additional information.

7) You should consult legal counsel to ensure full compliance with regulatory retention requirements and recording requirements. By providing you with the following example, the Federal Home Loan Bank of Dallas is in no way providing legal advice or making any representation as to the effectiveness of the document.

8) A copy of the final recorded Deed Restriction is due 60 days post-disbursement of funds. FHLB Dallas does not retain original copies of the filed Deed Restrictions.

2026 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 the Disbursement Date for the purchase of the property as evidenced by 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.

6) Owner understands and agrees that this instrument shall be governed by the laws of the State of _____ **{Insert STATE}** and that venue for any action to enforce the provisions of this instrument shall be in

_____ **{Insert NAME OF COUNTY/PARISH}**.

EXECUTED this_____day of_____,_____.

By:_____

Printed Name:_____
Title: Owner

THE STATE OF_____**{Insert STATE}**
COUNTY/PARISH OF _____**{Insert NAME OF COUNTY/PARISH}**

This instrument was acknowledged before me on the _____day of_____,_____, by _____ (Owner).

Notary Public, State of_____**{Insert STATE}**

My commission expires:_____

_____
(Printed Name)

EXHIBIT A
Subject Property Legal Description

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. **Discount points paid by the homebuyer and/or HELP funds shall not exceed three percent (3%).** 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 institution originating the First Mortgage is a Member institution of FHLB Dallas, a wholly-owned subsidiary of the Member institution, a government entity or, a 501c3 non-profit organization.**
2) The First Mortgage does not defer the repayment of principal or interest.
3) The Financing Package does not include interest only or negative amortization loans (excluding properly utilized reverse mortgage.)
4) The Mortgage term is not less than 5 years, and the Amortization term is not less than 15 years.

Signature: _____

Name: _____

Title: _____

Date: _____

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 mortgage payment/monthly income), please provide an explanation in the box below:

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

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: _____

Programa HELP
Certificación de elegibilidad como comprador de vivienda por primera vez

La siguiente declaración debe ser ejecutada y firmada **por todos los solicitantes que figurarán en la Declaración de Cierre.**

Los siguientes criterios califican a los solicitantes como compradores de vivienda por primera vez **(marque cada criterio que corresponda):**

☐ 1) Los solicitantes NO han sido propietarios de una vivienda durante el período de tres años inmediatamente anterior a la compra.

☐ 2) El solicitante es un ama de casa desplazado, es decir, un individuo que es un adulto y:

- No ha trabajado tiempo completo, durante todo el año en la fuerza laboral durante varios años, pero, durante esos años, ha trabajado principalmente sin remuneración para cuidar del hogar y la familia y
- No está empleado o está subempleado y tiene dificultades para obtener o mejorar un empleo.

☐ 3) El solicitante es un padre/madre soltero/a, es decir, una persona que:

- Es soltero/a o está legalmente separado/a de su cónyuge y
- Tiene uno o más hijos menores de edad sobre los cuales la persona tiene custodia o custodia compartida o está embarazada (en el momento en que el solicitante ocupa la propiedad).

☐ 4) Los solicitantes poseen o fueron propietarios, como residencia principal durante el período de tres años inmediatamente anterior a la compra, de una unidad de vivienda cuya estructura no cumple con los códigos de construcción estatales, locales o modelo, y otros códigos aplicables, y no pueden ser llevados a cumplir con dichos códigos por menos del costo de construir o comprar una estructura permanente.

☐ 5) Los solicitantes poseen o fueron propietarios, como residencia principal durante el período de tres años inmediatamente anterior a la compra, de una unidad de vivienda cuya estructura NO esté fijada permanentemente a una base permanente de acuerdo con las regulaciones locales u otras regulaciones aplicables.

☐ 6) Los solicitantes poseen o fueron propietarios, como residencia principal durante el período de tres años inmediatamente anterior a la compra, de una vivienda que fue sustancialmente destruida debido a un desastre natural u otro evento de pérdida catastrófica.

Los solicitantes utilizarán la propiedad como su residencia principal.

El solicitante entiende que cualquier declaración errónea intencionada de un hecho material será motivo de descalificación.

Esta declaración debe estar firmada por el/los solicitante(s).

Firma del/los solicitante(s): _____

_____

Nombre del/los solicitante(s): _____

Fecha: _____

HELP Program
Use of Artificial Intelligence (AI) Acknowledgment and Consent

(To be signed by each household member 18 and older)

The Federal Home Loan Bank of Dallas ("Bank") uses AI tools in the evaluation of HELP Program submissions for eligibility compliance purposes. The information and documentation that you provide in connection with this HELP Program submission may be processed through one of the AI tools used by the Bank. The Bank will not input your information or documentation into any AI tool that stores or uses data for future training, unless the tool is deployed within a private or secure environment. The use of AI tools by the Bank will comply with applicable confidentiality, privacy, and data protection requirements.

By signing below, I acknowledge and consent to the Bank's use of my information and/or documentation provided for in this HELP Program application in the manner described above.

Signature of Housing Occupant	Printed Name	Date
Signature of Housing Occupant	Printed Name	Date
Signature of Housing Occupant	Printed Name	Date
Signature of Housing Occupant	Printed Name	Date
Signature of Housing Occupant	Printed Name	Date
Signature of Housing Occupant	Printed Name	Date



Member driven.
Community focused.

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