



Member driven.
Community focused.

Special Needs Assistance Program (SNAP)

Community Investment Department

Agenda

- SNAP Overview
- Funding Request Documentation
- Final Documentation Requirements
- Checklist for Success
- Question & Answer

- No change to member cap, intermediary cap and individual grant amounts**

Provides grant funds for the repair and rehabilitation of special needs households

2021 Grant Amounts:

Up to \$6,000: member & homeowner satisfy all programmatic requirements

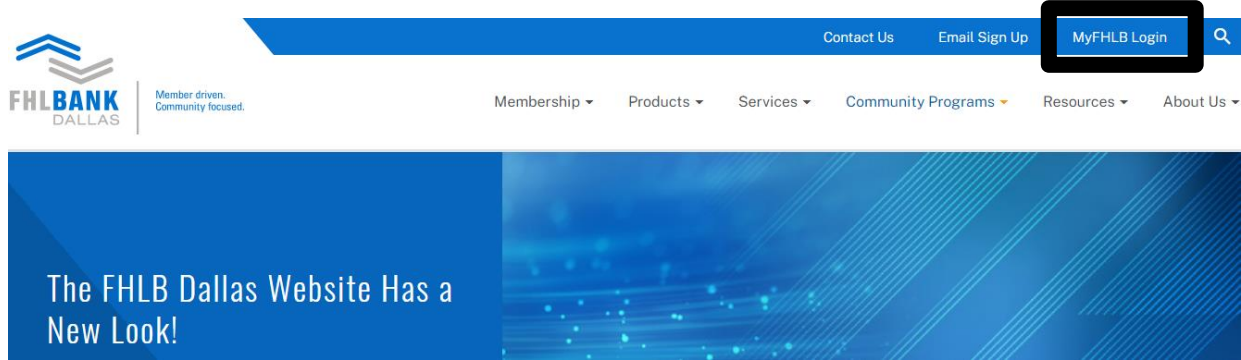
Up to \$7,000: member contributes at least \$350

Up to \$60,000 per member submission maximum

Up to \$180,000 per intermediary maximum

Households must be located within the FHLB Dallas District of Arkansas, Louisiana, Mississippi, New Mexico and Texas

Upload all requests, corrections and final documentation to GrantConnect

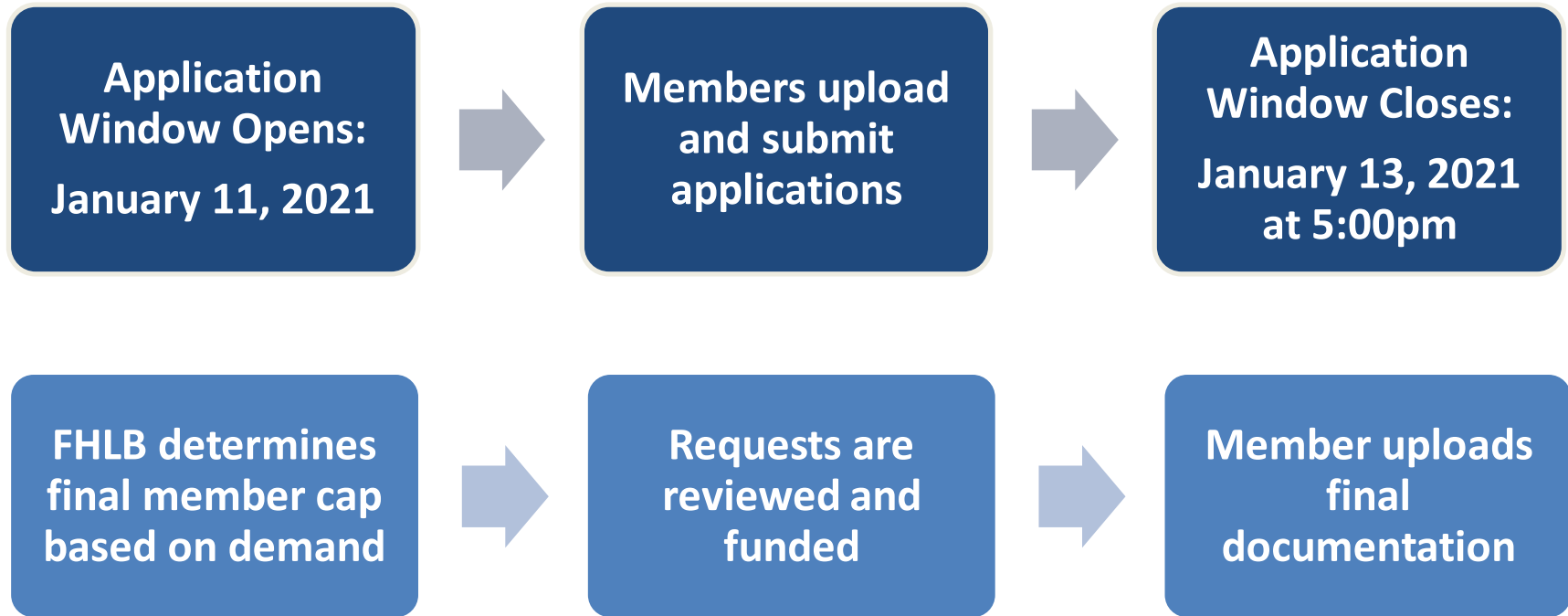


Usage and visibility in the portal varies by level of “authorization”

Individual uploader:
AHP/Advances Non-AHP/Advances

Applicant Name	Actions	Actions
Applicant 5	Edit Upload Delete	
Applicant 4	Edit Upload Delete	Edit Upload Delete
Applicant 3	Upload	
Applicant 2	Upload	Upload
John Smith	Upload	

Application Process



If the final member cap is below \$60,000, FHLB Dallas will contact affected members

✓ Member can use a waitlist or reduce some and/or all requests

Examples of Eligible SNAP Uses

Health and Safety related:

- ✓ **Exterior structural defects – missing porch handrails, sagging porch steps, damaged floorboards/decking, broken windows, rotting siding, etc.**
- ✓ **Inoperative or significantly damaged HVAC units**
- ✓ **Handicap accessibility – ramps, door-widening, safety bars, shower install, etc.**
- ✓ **Plumbing – leaking/broken sinks, toilets, faucets, etc.**
- ✓ **Small electrical hazards – non-working and overheating lights, outlets, and switches**
- ✓ **Roof repairs and replacement**
- ✓ **Other work deemed as acceptable by FHLB Dallas**

***Not an all-inclusive list**

First Step: Member Enrollment Application

Each member must submit a **one-time** Member Enrollment Application and Agreement to participate in the program.

The screenshot displays the FHLB Dallas website. At the top, the navigation bar includes links for Contact Us, Email Sign Up, MyFHLB Login, and a search icon. Below this, a secondary menu features Membership, Products, Services, Community Programs (highlighted with a black box), Resources, and About Us. The main header area shows the breadcrumb trail: Home / Community Programs / Special Needs Assistance Program, followed by the title 'SNAP Application' and social media icons. On the left sidebar, under 'Our Community Programs', the 'Special Needs Assistance Program' is highlighted with a black box. Below this, under 'SNAP Funding Process', the 'SNAP Application' step is also highlighted with a black box. The main content area is titled 'How to Apply' and contains a video player showing a boat on a river. To the right of the video, the text reads: 'GUARANTY BANK & TRUST. Learn how Guaranty Bank & Trust used FHLB Dallas short-term advances to fund seasonal ag lending and provided critical home repairs for an elderly Mississippi resident through SNAP.' Below the video and text, two large black arrows point downwards towards the 'Member Enrollment' section. The 'Member Enrollment' section explains that FHLB Dallas members must complete the 'SNAP Member Enrollment Application' (a one-time enrollment application) to access SNAP funds. It also states that the SNAP Member Enrollment Application and SNAP Subsidy Agreement need to be signed by a person listed on the current advances signature card on file with FHLB Dallas.

Our Community Programs

- Affordable Housing Program
- Community Advance Programs
- Disaster Programs
- Homebuyer Equity Leverage Partnership
- Housing Assistance for Veterans
- Partnership Grant Program
- Small Business Development
- Special Needs Assistance Program**

SNAP Funding Process

- SNAP Application**
- Payoff Request
- Community Investment Highlights

How to Apply

FHLB Dallas does not provide grants or loans directly to consumers. Consumers, community-based organizations and similar entities seeking SNAP funds should contact an FHLB Dallas member institution. Members submit SNAP grant requests to FHLB Dallas. SNAP grants are available to member institutions during the annual submission period. Remaining funds are available starting on August 3, 2020.

GUARANTY BANK & TRUST

Learn how Guaranty Bank & Trust used FHLB Dallas short-term advances to fund seasonal ag lending and provided critical home repairs for an elderly Mississippi resident through SNAP.

Member Enrollment

FHLB Dallas members may access SNAP funds once they have completed the **SNAP Member Enrollment Application**. This is a one-time enrollment application necessary for participation in SNAP. The SNAP Member Enrollment Application includes the SNAP Subsidy Agreement, which explains member obligations under the program.

The SNAP Member Enrollment Application and SNAP Subsidy Agreement need to be signed by a person listed on the current advances signature card on file with FHLB Dallas.

Special Needs

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

Below 80% AMI

Special Needs Documentation

Driver's License/State ID

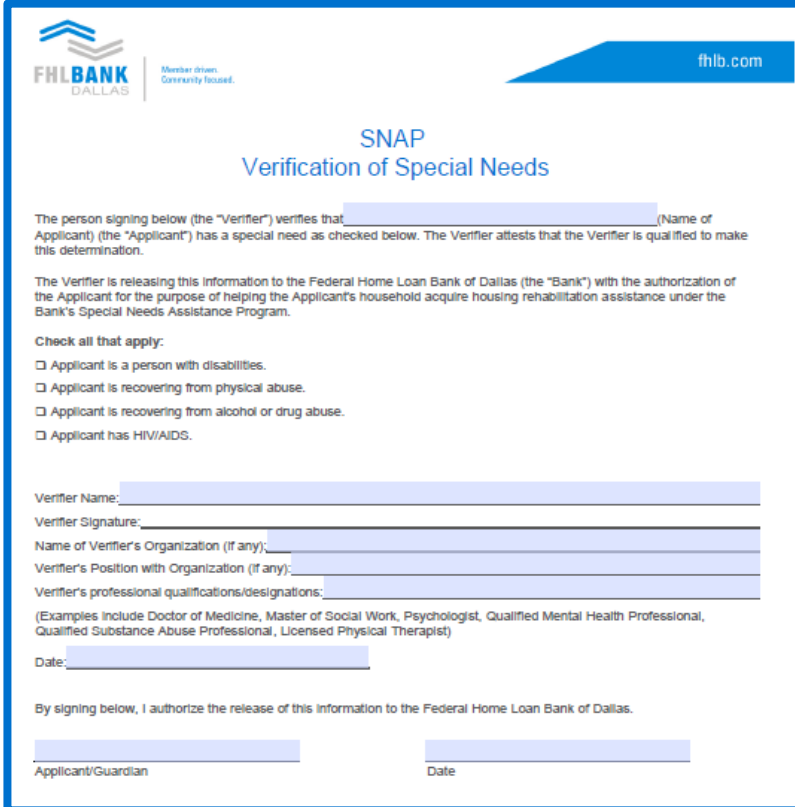
➤ Proof of age

Social Security Letter

➤ Indicating age and/or disability

Executed Verification of Special Needs

➤ Found in SNAP Funding Manual



The form is titled "SNAP Verification of Special Needs" and is from FHLBANK DALLAS. It includes a header with the bank's logo and the tagline "Member driven. Community focused." and the website "fhlb.com". The form contains several sections: a verification statement, a release of information statement, a checklist of special needs, and fields for the verifier's name, signature, organization, position, qualifications, and date. It also includes a section for the applicant/guardian's signature and date.

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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

Steps to Verify Income:

1. Obtain applicable income documentation

2. Calculate annual household income

3. Calculate the household Area Median Income

Paycheck or VOE

Current Employment

VOE must include the paid-through date

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

Self-Employment and Seasonal Work

Last two years of filed tax returns

Must be signed

Non-employment Income

Social Security Award Letters

Supplemental Social Security
(SSI) Letters

Pension Statements

Child Support Statements

Social Security Calculation Example

Your New Benefit Amount

BENEFICIARY'S NAME: Jane Doe

Your Social Security benefits will increase by 1.6% in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,479.60
- The amount we deduct for Medicare Medical Insurance is \$144.60
(If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is \$0.00
(We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0.00.)
- After we take any other deductions, you will receive \$1,335.00
on or about January 3, 2020.

$$\begin{aligned} & \$1,479.60 \times 12 \\ & = \$17,755.20 \end{aligned}$$

If an individual does not have income:



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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

- ✓ Ages 18 and older
- ✓ Not a full-time student
- ✓ Have no source of income

Median Income Ratios

AMI information provided on *fhlb.com*:

The screenshot displays the FHLB Dallas website. The header includes the FHLB Dallas logo and navigation links: Contact Us, Email Sign Up, MyFHLB Login, Membership, Products, Services, Community Programs (highlighted), Resources, and About Us. The main content area features a blue banner for the 'Special Needs Assistance Program'. Below the banner, a sidebar lists 'Our Community Programs' including Affordable Housing Program, Community Advance Programs, Disaster Programs, Homebuyer Equity Leverage Partnership, and Partnership Grant Program. The main text states 'SNAP Funds Available as of August 3, 2020: \$0' and 'Member Submission Maximum: \$60,000'. A dropdown menu for 'Community Programs' is open, showing options like 'Our Community Programs', 'Affordable Housing Program', 'Community Advance Programs', 'Disaster Programs', 'Homebuyer Equity Leverage Partnership', 'Housing Assistance for Veterans', 'Partnership Grant Program', 'Special Needs Assistance Program' (highlighted), and 'Community Investment Highlights'. Below this, a 'Helpful Resources' section contains five icons: 'SNAP Funding Manual', '2020 Median Incomes' (highlighted), 'Income Calculation Tool', 'AHP Implementation Plan', and 'GrantConnect Webinar'.

HUD AMI Portal:

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

Median Income Ratios

The “Low-Income” line represents the approximate eligibility cutoff

PROGRAM	1 PERSON 2 PERSON 3 PERSON 4 PERSON 5 PERSON				
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON
Alexandria, LA MSA					
FY 2020 MFI: 58400					
EXTR LOW INCOME	12760	17240	21720	26200	30680
VERY LOW INCOME	20450	23400	26300	29200	31550
LOW-INCOME	32700	37400	42050	46700	50450

Extremely Low Income = 30% AMI

Very Low Income = 50% AMI

Low-Income = 80% AMI

AMI Calculation: Two-person household in Alexandria, LA

Household Income



Income at 100% AMI

\$34,000



\$46,800

= 72.64% AMI

Alexandria, LA MSA

FY 2020 MFI: 58400

PROGRAM

1 PERSON 2 PERSON 3 PERSON 4 PERSON 5 PERSON

EXTR LOW INCOME	12760	17240	21720	26200	30680
VERY LOW INCOME	20450	23400	26300	29200	31550
LOW-INCOME	32700	37400	42050	46700	50450


23400

\$23,400 x 2 = \$46,800

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

- ✓ Inspection report must specify items requiring modification/rehab
- ✓ Photos must show the need for rehabilitation
- ✓ If applicable, inspection invoice should be included
- ✓ Inspections to be conducted by an **independent** 3rd party
 - Approved by member institution
 - Must not be related to intermediary, unless the intermediary is a governmental entity
- ✓ Inspection Fee + Developer Fee, combined, may not exceed 15% of the rehabilitation costs
 - On the Sources and Uses pages in the Funding Manual

Work Order/Estimate



ABC Home Repair

Date of Issuance

Date	Invoice #
1/5/21	18

Bill To

Sponsor Name
123 Main Street
Beechwood, MS

Pay To

ABC Home Repair
456 Hammeraway Drive
Vicksburg, MS

Qty.	Item	Description	Material Cost	Amount Total
1	Homeowner Name 123 Meadow St Vicksburg, MS	<ol style="list-style-type: none"> Replace bad siding. Scrape chipped paint and re-paint exterior of house. Secure sagging sheetrock to framing in living room. Tape sand and paint. Repair roof leak over back bedroom and hall bath. Repair ceiling, wall in back bedroom, hall bath and kitchen. Float and paint. Patch floor in middle bedroom and closet. Locate source of water entry under Green Room and resolve. Repair buckling floor. Install tub surround in bath. Repair or replace wall heater in living room. Repair entry door casing and install striker plate. Clean up and haul away all trash. 	1,400.00	2,800.00
			550.00	1,550.00
			200.00	400.00
			10.00	75.00
			70.00	150.00
			250.00	575.00
			100.00	200.00
Subtotal				\$5,750.00
Other Cost				\$0.00
Total				\$5,750.00
Payments/Credits				\$0.00
Balance Due				\$5,750.00


**Contractor
Name &
Contact Info**

**Labor &
Material
Breakdown**

**Homeowner
Name & Address**

**Detailed scope &
description of work**

Acknowledgment & Agreement Form



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Acknowledgment and Agreement SNAP (Special Needs Assistance Program)

Homeowner Homeowner Name, hereby acknowledges and agrees that
 1) homeowner has reviewed the attached written Cost Estimate / Invoice provided by the contractor 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 to the member.


Homeowner accepts the repairs stated on the attached Cost Estimate/Invoice dated 1/5/21 and in the amount of \$ 5,750

Homeowner Signature

 Signature of Homeowner
1/10/21
 Date

Member Signature

 Signature of Member
1/11/21
 Date



ABC Home Repair

Estimate

Date	Invoice #
1/5/21	18

Bill To

Sponsor Name
123 Main Street
Beechwood, MS

Bill To

ABC Home Repair
456 Hammeraway Drive
Vicksburg, MS

#	Item	Description	Material Cost	Amount Total
1	Homeowner Name 123 Meadow St Vicksburg, MS	1. Replace bad siding. Scrape chipped paint and re-paint exterior of house.	1,400.00	2,800.00
		2. Secure sagging sheetrock to framing in living room. Tape sand and paint.	550.00	1,550.00
		3. Repair roof leak over back bedroom and hall bath.	200.00	400.00
		4. Repair ceiling, wall in back bedroom, hall bath and kitchen. Float and paint.	10.00	75.00
		5. Patch floor in middle bedroom and closet.	70.00	150.00
		6. Locate source of water entry under Green Room and resolve. Repair buckling floor.	250.00	575.00
		7. Install tub surround in bath.	100.00	200.00
		8. Repair or replace wall heater in living room.		
		9. Repair entry door casing and install striker plate. Clean up and haul away all trash.		
Subtotal			\$5,750.00	
Other Cost			\$0.00	
Total			\$5,750.00	
Payments/Credits			\$0.00	
Balance Due			\$5,750.00	

Sources & Uses of Funds



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SNAP Sources of Funds

Date: 1/11/2021 FHFA ID#: 11111

Name of Member: Member Bank

Sources of Funds

Name of Source of Funds	Amount
FHLB SNAP	6,200.00
Member Contribution	350.00
TOTAL Sources of Funds	6,550.00

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

Does the amount of SNAP funds requested from FHLB exceed \$6,000? ☒ Yes ☐ No

If yes, please list how the required \$350 member contribution is evidenced: Commitment Letter

(i.e. copy of check, commitment letter, etc.). Please include the item listed above with the funding request.



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SNAP Uses of Funds

Date: 1/11/2021 FHFA ID#: 11111

Name of Member: Member Bank

Uses of Funds

Uses of Funds	SNAP Funds (\$)	Other Funding Sources (\$)	TOTAL (\$)
Rehabilitation	5,650.00	350.00	6,000.00
Inspection Fees	300.00		300.00
Developer Fee	250.00		250.00
TOTAL COST	\$ 6,200.00	\$ 350.00	\$ 6,550.00

The Developer Fee may not exceed the lesser of \$500 or 15% of the rehabilitation cost. In addition, the combined third-party Inspection Fees and Developer Fee cannot exceed 15% of the rehabilitation cost.

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.
- 4) The home inspector is not related to the intermediary, unless the intermediary is a government-controlled entity.


Member Signature:

Member Signature

Name: Member Signature

Date: 1/11/2021

Inspection and Developer Fee Calculation



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SNAP Uses of Funds

Date: 1/11/2021 FHFA ID#: 11111

Name of Member: Member Bank

Uses of Funds

Uses of Funds	SNAP Funds (\$)	Other Funding Sources (\$)	TOTAL (\$)
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- 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.
- 4) The home inspector is not related to the intermediary, unless the intermediary is a government-controlled entity.

Member Signature: Member Signature

Name: Member Signature

Date: 1/11/2021

Developer Fee: Lesser of \$500 or 15%

$$.15 \times \$6,000 = \$900$$

✓ $\$500 < \900

Inspection Fee + Developer Fee




Total Rehabilitation Amount

$$\$300 + \$250 = \$550$$


\$6,000

= 9.16% ✓

Funding Manual




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[Membership](#) [Products](#) [Services](#) [Community Programs](#) [Resources](#) [About Us](#)

[Home](#) / [Community Programs](#)

Special Needs Assistance Program



Our Community Programs

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

SNAP Funds Available as of August 3, 2020: \$0


Member Submission Maximum: \$60,000

Through member institutions, SNAP provides grant funds for the repair and rehabilitation of owner-occupied housing of eligible, special-needs individuals. The remaining funds will be available to members starting August 3, 2020.

SNAP Program Maximum Award

The maximum SNAP program award per household is \$6,000 unless the member contributes \$350 toward the rehabilitation costs and/or inspection fees. Then the maximum SNAP program award per household is \$7,000.

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




PARTICIPATING SNAP MEMBERS


Participating members are located within the state of charter origin and are listed in alphabetical order. Please note that members have their own underwriting criteria and lending area and may have reached their FHLB Dallas program cap within a given year. Therefore, they may or may not be able to...

[View Participating Members](#)


Helpful Resources




SNAP Funding Manual




2020 Median Incomes



Income Calculation Tool



AHP Implementation Plan



GrantConnect Webinar


Final Documentation

By 60 days post-disbursement, upload SNAP Final Documentation

- 1. Fully Executed Final Cost Certification(s) - signed and dated by all three parties**
- 2. Final Invoice(s) - listing final cost, date and homeowner**
- 3. Post-Rehabilitation Inspection Report with Final Invoice and “After” Photos**

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

Final Cost Certification & Final Invoice



ABC Home Repair

FINAL

Invoice

Date	Invoice #
3/01/21	19


Bill To

Sponsor Name
123 Main Street
Beechwood, MS

Pay To

ABC Home Repair
456 Hammeraway Drive
Vicksburg, MS

Qty.	Item	Description	Material Cost	Amount Total
1	Homeowner Name 123 Meadow St Vicksburg, MS	1. Replace bad siding. Scrape chipped paint and re-paint exterior of house.	1,400.00	2,800.00
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		3. Repair roof leak over back bedroom and hall bath.	550.00	1,550.00
		4. Repair ceiling, wall in back bedroom, hall bath and kitchen. Float and paint.	200.00	400.00
		5. Patch floor in middle bedroom and closet.	10.00	75.00
		6. Locate source of water entry under Green Room and resolve. Repair buckling floor.	70.00	150.00
		7. Install tub surround in bath.		
		8. Repair or replace wall heater in living room.	250.00	575.00
		9. Repair entry door casing and install striker plate. Clean up and haul away all trash.	100.00	200.00
Subtotal				\$5,750.00
Other Cost				\$0.00
Total				\$5,750.00
Payments/Credits				\$0.00
Balance Due				\$5,750.00



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SNAP
Final Cost Certification

Member Name/FHFA # 11111

Homeowner: Homeowner Name

Property Address: 123 Meadow St., Vicksburg, MS

CERTIFICATIONS

- All SNAP-funded rehabilitation work has been completed to the satisfaction of the homeowner.
- The contractor's invoices that detail the scope of work performed are accurate.
- All rehabilitation work was completed as of 3/01/2021 (date) by Contractor Name 555-555-5555 (Contractor Name) (Contractor Phone Number).
- The final cost for the completed rehab work is \$5,750.

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

<i>Contractor Name</i>	Contractor Name	3/01/2021
(Contractor)	(Print Name)	(Date)
<i>Homeowner Name</i>	Homeowner Name	3/02/2021
(Homeowner)	(Print Name)	(Date)
<i>Member Representative</i>	Member Representative	3/05/2021
(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.

Post-Rehab Inspection Report, Invoice and “After” Photos

DEF Home Inspection
Street Address
City, St, ZIP
Phone

3/02/21

Homeowner Name
Street Address
City, St, ZIP

Dear Homeowner,

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

1. Exterior
 - a. Replaced handicap ramp.
 - b. Caulked all windows.
 - c. Replaced window trimmings.
 - d. Pressure-washed and replaced rotting siding.
 - e. Replaced shingles where needed.
 - f. Installed new energy-efficient windows.
 - g. Painted exterior.
 - h. Repaired gutters.

If you have any questions, please contact me.

Thank you for your business.

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

DEF Home Inspection

If you can't see it, neither can we.

Street Address
City, ST ZIP Code
Phone: Phone Fax: Fax

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

INVOICE

INVOICE # 100

3/02/21

ITEM	DESCRIPTION	UNIT PRICE	QUANTITY	TOTAL
Service	Pre-Inspection	\$150.00	1	\$150.00
Service	Post-Inspection	\$150.00	1	\$150.00

SUBTOTAL \$300.00

TOTAL \$300.00

AMOUNT PAID \$0.00

BALANCE DUE \$300.00

Make all checks payable to DEF Home Inspection

THANK YOU FOR YOUR BUSINESS!

The report should include:

- ✓ Homeowner name
- ✓ Property address
- ✓ Photos of completed repairs
- ✓ Invoice (if applicable)



Checklist for Success:

- ✓ Complete a “final review” or get a second reviewer to verify all numbers, addresses etc. are consistent throughout the request prior to submission
- ✓ Verify that inspection pictures and invoices are included
- ✓ Include evidence of the member contribution, if applicable
- ✓ Confirm that the signer of the Member Certification has AHP or Advances authorization with FHLB Dallas
- ✓ Verify that the Contractor’s invoice matches the Sources and Uses of Funds
- ✓ List only the “rehab” amount on the Final Cost Certification
- ✓ Verify that the Final Cost Certification is fully executed
- ✓ Ensure that the post-inspection occurs after work is completed and is dated accordingly
- ✓ List only the FHLB SNAP amount on the Request for Disbursement of Funds page - member contribution is listed on the Sources of Funds

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Request for Disbursement of Funds

Date: 1/11/2021

Member: Member Bank

FHFA ID#: 11111

Member Contact: Member Contact

Prepared By: Prepared By

Applicant's Name: Homeowner

SNAP Amount requested: \$7,350.00

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SNAP Member Certification

Member Name: _____ FHFA ID# _____

Name of Applicant: _____ ("Homeowner")

The undersigned member ("Member") hereby acknowledges that any Special Needs Assistance Program ("SNAP") grant 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 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 Summary

- **Make sure you're enrolled**
- **Application window opens January 11, 2021**
- **Upload fully executed Funding Manual with all supporting documentation to GrantConnect**
- **Application window closes January 13, 2021 at 5:00 p.m. CST**
- **Final member cap is determined, members will be contacted if any changes are required (waitlist or reduction)**
- **Funds disbursed to the Member's DDA with FHLB Dallas**
- **If applicable, notify FHLB Dallas regarding any changes or delays**
- **Within 60 days post-funding, upload Final Cost Certification, Final Rehab Invoice, Post-Inspection with Invoice and "After" Photos****

****Failure to provide final documentation in a timely fashion may impact future funding requests.**

Questions?

For More Information

Contact Us!

By Phone:

800.362.2944

By Email:

ahp@fhlb.com

Additional information is available online at ***fhlb.com/community***