

Modification Request Form – AHP Project - Page 1 of 2

Project #:	Project name:	
Date:	Project address:	
Member name:		
Member contact:		
Address:		City/State:
Phone:	Email:	

Type of Modification requested:

- Resident family income targeting
 Number of units

- Amount of AHP subsidy
 Other: _____

Description of modification being requested:

Is this modification being requested in connection with a disbursement request? Yes / No

Has documentation justifying this been reviewed by the member? Please attach. Yes / No

Has an attempt been made to cure the non-compliance? Yes / No

I have reviewed the requested modification and certify that the information provided is true. I have attached supportive documentation for each point identified in this request.

In addition to the modification request form, the following is required for modification consideration:

- | | |
|---|--|
| 1.) Updated Pro forma, if applicable | 2.) Updated total development budget |
| 3.) Updated Sources & Uses | 4.) Commitment letters for other Sources of funds, if applicable |
| 5.) Updated project completion timeline | 6.) Other support documents where score changes occur |
| 7.) Evidence of attempt to cure | |

Member contact signature

Date

Printed name

Title

Project sponsor/owner signature

Date

Printed name

Title

Modification Request Form – AHP Project - Page 2 of 2

Project #:

Project name:

1) Describe what efforts were taken to cure the non-compliance and maintain the project's compliance with the project commitments made at application for the AHP subsidy:

2) If unsuccessful, explain why the cure of noncompliance was not successful or attempted?

3) Please provide the "good cause" explanation why request is being made:

Documentation supporting the above statements must be included with the modification request.

Please note that projects should focus efforts on remediating any issues and **thoroughly documenting** any and all efforts to "cure" **any variations outside of the original project application commitments** prior to requesting a modification. If a modification must be requested, all documented efforts to cure must be provided to FHLB Dallas for the request to be considered.