

AHP 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 individual who is fifty-five years of age or older.

- ☐ Applicant is a person with disabilities.
- ☐ Applicant is recovering from physical abuse.
- ☐ Applicant is recovering from alcohol or drug abuse.
- ☐ Applicant has HIV/AIDS.
- ☐ Applicant is formerly incarcerated.
- ☐ Applicant is a victim of domestic violence.
- ☐ Applicant is a victim of dating violence.
- ☐ Applicant is a victim of sexual assault or stalking.
- ☐ Applicant is an unaccompanied youth.

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
