

AHP Verification of Homeless Household

The person signing below (the "Verifier") verifies that _____ (Name of Applicant) (the "Applicant") is a household experiencing homelessness as defined by FHLB Dallas and 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 lacks a fixed, regular, and adequate nighttime residence.
- Applicant has a primary nighttime resident that is:
 - A supervised, publicly- or privately-operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
 - An institution that provides a temporary residence for individuals intended to be institutionalized.
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Application is a youth aging out of foster care system.
- Applicant is a victim fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous situations.

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