



Member driven.
Community focused.

Disaster Rebuilding Assistance (DRA)

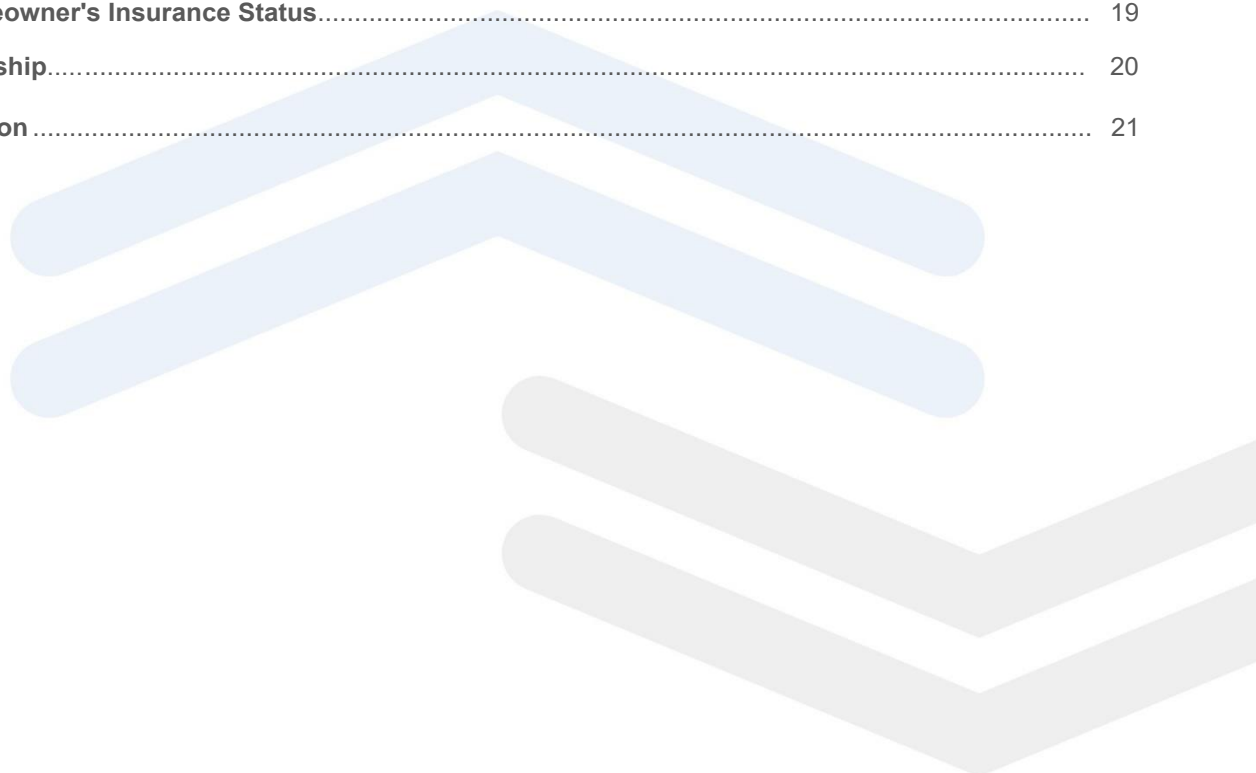
2024 Funding Manual



Disaster Rebuilding Assistance Funding Manual Table of Contents

This manual is designed to help you become familiar with the funding process. It provides fillable templates of the required disbursement request forms and descriptive instructions for completing the forms. Unless otherwise specified, each form, accurately completed and signed where indicated, must be provided for each disbursement request. Failure to provide all required forms and supporting documentation will result in delayed processing of the disbursement request.

Questions & Answers	3
Request for Disbursement of Funds	8
Member Certification.....	9
Household Income Certification Form	10
Verification of Income	11
Certification of Zero Income(English and Spanish versions available).....	13
Sources and Uses of Funds	15
Inspections & Pass-Through Documentation	17
Home Repair Estimate Form	18
Certification of Homeowner's Insurance Status.....	19
Proof of Homeownership.....	20
Final Cost Certification	21



DRA Program Questions and Answers

HOUSEHOLD REQUIREMENTS

Q: *How is the household size determined?*

A: Any individual who is a permanent resident of the subject home must be included and listed on the Household Income Certification form, along with his or her income, as applicable. All occupants, including minors, are to be identified on the Household Income Certification, as household size determines the household's median income limit requirement. All applicable income amounts, including non-wage income of minors (such as social security or disability) must be included. A pregnant woman is counted as two persons within the household size.

Q: *Can a household receive more than one DRA grant?*

A: An eligible household can receive a DRA grant in different years if the grant request covers different repairs.

Q: *Is ownership of the subject home required?*

A: Yes. For a DRA grant, at least one permanent occupant of the subject home must be an owner in title.

HOUSEHOLD INCOME REQUIREMENT

Q: *How is annual household income determined?*

A: There are several acceptable methods of calculating income depending on the source of income and the income documentation. Our program considers income on a forward-looking basis by annualizing documented earnings or benefit amount.

- For wage earners, we require a paystub issued no more than 90 days prior to the date the household was considered income qualified by the member. For wage earners, the preferred method of income calculation is a determination of annualized income utilizing the Income Calculation Tool available on our DRA website. The Income Calculation Tool is an Excel worksheet which produces a projected annualized income based on gross YTD earnings from the date the YTD earnings began.
- Overtime, bonus, commission, tips, other special pay: any recurring OT, bonus, commissions, tips or other special pay is considered in determining the qualifying income. We annualize these types of earnings based on average of amounts earned YTD. Depending on the nature of the income type, it may be acceptable to annualize the YTD amount separate from base salary. One-time pay amounts or income types that are no longer continuing can be excluded from annual income calculation if there is satisfactory documented confirmation of the non-recurring or non-continuation status.
- For Self-employed applicants, we require the most recent 2 years of signed, filed IRS tax returns. Self-employment income is considered stable and eligible for qualifying purposes if the income has been received for a full 2 calendar years. The income is calculated by taking an average of the net profit based on the most recent 2 full years of tax returns. Deductions in income for depreciation, amortization, depletion and other non-cash deductions should be added back to Net Profit on Schedule C, partnership or corporation income to determine compliance income. If the two-year average yields a negative number, the income for self-employment earnings should be reflected as \$0. Net losses from self-employment should not be deducted from any other household income received, if applicable.
- For Social Security pension, SSI or Social Security Disability, we require the applicable current benefit letter or statement confirming the gross monthly benefit amount. The gross monthly benefit is annualized for a 12-month period.
- For private pension income, we require either a letter or statement from the Pension Plan confirming the current gross monthly pension amount. The gross monthly pension amount is annualized for a 12-month period.

NOTE: Copies of bank statements are not accepted as income documentation for social security or pensions as amounts deposited into bank accounts may not represent full gross amounts.

HOUSEHOLD INCOME REQUIREMENT CONTINUED

Q: *Does income of minors count as qualifying income?*

A: Social Security benefits or Social Security Disability benefits received by the household on behalf of an occupying minor are counted as qualifying income. Job wages earned by an occupying minor are not counted as qualifying income.

Q: *Does child support or alimony count as qualifying income?*

A: Child support and/or alimony received on a regular basis is counted as qualifying income. Court records reflecting the income receipt history are required.

Q: *Are HUD Housing Vouchers counted as qualifying income?*

A: Yes, the monthly Housing Voucher amount must be documented and counted in annual income.

Q: *What is the requirement regarding adult occupants of the subject home who have no income?*

A: If a household member (who is not a full-time student) is 18 years of age or older and has no income, a signed and dated Certification of Zero Income is required. The Certification of Zero Income form is located in the DRA Funding Manual.

Q: *Are there some types of income that do not count as qualifying income?*

A: Yes. Exhibit G of the AHP Implementation Plan lists income categories that are excluded from consideration as qualifying income. The AHP Implementation Plan can be accessed via the DRA website.

Q: *Does the date of income documentation matter?*

A: Some income documentation, such as paychecks and verification of employment letters or forms, must be dated within 3 months prior to the date the member determined the household was income-qualified to receive DRA funds. Please refer to the Verification of Income instruction page in this Funding Manual to confirm additional requirements or clarification regarding our income documentation requirement.

GENERAL OVERVIEW

Q: *What is meant by "Member Cap"?*

A: The per-member cap established for DRA is the maximum total amount that can be awarded to each member in that year, subject to funds availability. Since the DRA program grants are issued on a first-come/first-served basis, the cap amount is not a commitment to, or guaranteed amount for, any individual member.

Q: *How can non-profits and other organizations participate in the Disaster Rebuilding Assistance program?*

A: The DRA allows for the involvement of an intermediary organization working in conjunction with an FHLB Dallas member institution. A developer fee for an intermediary is allowed, not to exceed 10% of the DRA subsidy. **An intermediary serving as the project contractor cannot receive a developer fee.** Additionally, the member institution is not eligible to receive a developer fee.

Q: *Why does FHLB require documentation before releasing funds?*

A: To validate homeowners are eligible for DRA funds and to reduce the potential for recapture of funds from our members, we require verification of household income, evidence of the need for and scope of the planned repairs and documentation of the pass-through of DRA funds.

GENERAL OVERVIEW CONTINUED

Q: *What constitutes evidence of the need for, and scope of, repairs?*

A: Each DRA grant request submission must include a fully-executed DRA Home Repair Estimate (form available in the current DRA Funding Manual) and a pre-rehabilitation inspection report. The Home Repair Estimate must identify the program-eligible proposed repairs in sufficient detail and indicate the labor charge vs. materials cost. (Overall labor charge and overall material cost is acceptable.) For roof repair replacement, the estimated quantity of shingles must be indicated. The pre-repair inspection report must confirm the need for the proposed repairs.

Q: *What constitutes “pass-through” of the DRA grant?*

A: Documented evidence is required of the DRA subsidy passing through from the member to the applicable repair/rehabilitation project, for the benefit of the household. Documentation required to support pass-through of the DRA grant is described in the Inspection and Pass-Through Documentation section of the current year DRA Funding Manual.

Q: *What are the property inspection requirements?*

A: Pre-rehabilitation and post-rehabilitation inspection reports are required to mitigate the potential risk of fraud and help protect both the homeowner and the member from claims of incomplete or defective workmanship. We do not have a specified inspection report form; the inspector may use their own report format. The pre-rehabilitation inspection report must address the specific items that require modification/rehabilitation or confirm the scope of proposed work identified on the applicable DRA Home Repair Estimate. All inspection reports must reflect the inspector's name and contact information. The post-rehabilitation inspection report must confirm the original scope of work was completed in an acceptable manner. Both reports must include sufficient representative photos. Refer to the Inspection and Pass-Through Documentation page in the current DRA Funding Manual for further information.

Q: *Who can perform the inspections?*

A: The pre- and post-inspections must be conducted by an independent third party selected by the member. Unless the intermediary is a government-controlled entity, the third-party inspector must not be related to the intermediary. The same inspector should conduct both the pre- and post-inspections on a given project. (If not, an explanation is required.)

Q: *Who can perform the rehabilitation repairs?*

A: The repair contractor named on the executed Home Repair Estimate should be vetted by the member to establish their qualification credentials.

GENERAL OVERVIEW CONTINUED

Q: *Do the repairs have to be completed prior to receiving DRA funds?*

A: No. We will accept the fully-executed DRA Home Repair Estimate and pre-inspection report to disburse the funds; verification of the completed rehab work should be provided within 60 days of the disbursement of funds. Failure to provide the final completion documentation in the time required could result in a delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).

Q: *Are mobile homes allowed in the DRA program?*

A: Yes; owner-occupied, primary residence mobile homes, either single or double wide, are acceptable so long as the unit is permanently affixed.

Q: *Can DRA funds be combined with any other approved AHP funds (General Fund and any Targeted Funds and Homeownership Set-Aside Programs) awarded by any Federal Home Loan Bank?*

A: No. A DRA grant cannot be issued in combination with any additional Federal Home Loan Bank funds.

Q: *Can DRA funds be leveraged with non-FHLB funding sources?*

A: Yes. All funding sources are to be identified on the DRA Sources of Funds form.

Q: *Can the homeowner receive cash from the DRA grant proceeds?*

A: No. The full DRA grant amount must pass through to applicable parties in accordance with the documented Uses of Funds. Disbursement of any portion of the grant directly to the homeowner is not allowed.

Q: *How will I know if a DRA funding request is approved?*

A: Upon approval, an email confirming the grant disbursement will be sent to the member contact listed on the "DRA Request for Disbursement of Funds" form.

Q: *How will the member institution receive funding after a DRA application has been approved?*

A: We will credit the member's DDA in the amount approved. Upon receipt, the member serves as the gatekeeper of the DRA funds and oversees disbursement of the funds to the applicable contractor and/or intermediary and/or inspector in accordance with their own internal procedures.

Q: *What is the most common mistake regarding DRA applications?*

A: The most common oversights are discrepancies in the DRA Sources and Uses form. The total of Sources must match the total of Uses, and the DRA grant amount reflected on the Request for Disbursement of Funds must be supported by the Uses of Funds amount.

Q: *Are extensions for repair completion allowed?*

A: We understand situations outside the member's control may occur. The member should keep us apprised of legitimate delays and continue to monitor the situation to accomplish completion of the applicable project repairs as soon as possible.

GENERAL OVERVIEW CONTINUED

Q: *After a grant is disbursed, what is the required process if the requested repairs are not completed?*

A: After a DRA grant is disbursed, if the project is cancelled due to repairs not completed, we are to be notified via email to the department inbox (ahp@fhlb.com) so the grant can be cancelled. The grant cancellation process will generate a debit to the member DDA in the amount of the grant, reversing the amount originally credited to the DDA. Timing of the cancellation will be coordinated with applicable member staff.

Q: *If a disbursed DRA grant is canceled, do those funds remain allocated to us for use with a different applicant?*

A: No. If a disbursed DRA grant is canceled, the amount of the canceled funds revert back to the general pool of funds available on a first-come/first-served basis.

Q: *What is the process for DRA applications that are withdrawn or declined prior to the grant being disbursed?*

A: If a DRA grant application needs to be withdrawn prior to disbursement, please notify us via email to ahp@fhlb.com and we will withdraw the request in the portal. If a DRA grant application is deemed ineligible by FHLB staff, the applicable member contact will be notified accordingly and we will cancel the grant request in the portal.

Q: *Is the member penalized for DRA grant applications that cancel or withdraw?*

A: There is no financial penalty incurred by the member in connection with a DRA application withdrawal or DRA grant disbursement cancellation. However, a pattern of high cancellation or withdrawal will be a matter of concern and could impact our ability to disburse future DRA grants to your organization.

Disaster Rebuilding Assistance (DRA) Request for Disbursement of Funds

Date: _____ FHFA ID#: _____

Member: _____

Intermediary Organization (if applicable): _____

Member Contact: _____ Email: _____

Prepared By: _____ Email: _____

Applicant's Name: _____ FEMA Disaster ID: _____

Date the applicant was income qualified: _____ Disaster Amount Requested*:\$ _____

The homeowner(s) county/parish must have been designated for Individual Assistance by FEMA no earlier than **January 1, 2019**.

Please provide the following documents with this completed 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)

Sources and Uses of Funds

Pre-Rehabilitation Inspection Report including photos and if applicable, an invoice (Please refer to the Inspection and Pass-Through Documentation instruction page in this manual.) **Please note:** A Post-Rehabilitation Inspection Report with applicable documentation and the Final Cost Certification will be required upon completion of the work.

Executed Home Repair Estimate Form

Executed Certification of Homeowner's Insurance Status

Proof of Homeownership

Please do not include copies of Social Security Cards/Numbers in the DRA Request.

Maximum DRA assistance:

*\$12,000 per household

Only list the amount being requested from FHLB Dallas

Please email all funding requests to ahp@fhlb.com.

Email questions to ahp@fhlb.com or contact us by phone at 800.362.2944

Disaster Rebuilding Assistance Member Certification

Member Name: _____ FHFA ID#: _____

Name of Applicant: _____ ("Homeowner")

The undersigned member ("Member") hereby acknowledges that any Disaster Rebuilding Assistance Program ("Disaster") subsidy that is funded pursuant to the attached Request for Disbursement of Funds will be subject to the terms and conditions of (i) the Disaster Rebuilding Assistance Enrollment Application submitted by Member to the Federal Home Loan Bank of Dallas (the "Bank"), (ii) the Disaster Rebuilding 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 Homeownership Set-Aside Programs and (vii) any amendments to any of the foregoing documents (the "Disaster Documents").

Member hereby certifies that the Homeowner currently requires the amount of Disaster funds requested. Member acknowledges that the requested Disaster funds may only be used for the purposes specified in the Disaster Documents. Member hereby certifies that the above applicant is the owner of the home and the damage was due to the disaster.

Member hereby certifies that the Disaster 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 Disaster 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 Homeowner, 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 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 attests that proper due diligence has been performed to ensure: 1) The Disaster funds requested are for repair or replacement of damaged components for habitability or code compliance. 2) The scope of work being paid for by Disaster funds are not being paid for by insurance, federal or state emergency assistance or any other funding sources. 3) This is the applicant's primary residence. The applicant has owned the home for at least 30 days and was the owner of the property at the time of the disaster declaration.

Member hereby attests that the home inspector was selected by the Member and that proper due diligence has been performed to ensure: 1) The home inspector has the appropriate qualifications. 2) The home inspector is not related to the intermediary, unless the intermediary is a government-controlled entity. Initials: _____

Member hereby certifies that the information set forth in this completed Disaster 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 Disaster funds by the Bank.

Member's Signature: _____

Name: _____

Title: _____

Date: _____

Disaster Rebuilding Assistance 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.

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						

Add totals from (A) through (F) above

Total Income

- 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. (If combined asset(s) are less than \$5,000, report actual income from the asset(s). If combined asset(s) are greater than \$5,000, report the greater of income from the asset(s) or .50% of the total asset(s).)
- 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:

Disaster Rebuilding Assistance 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 as verification of household income:
 - Paychecks with accompanying earnings/deductions statements (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster Program)
 - Social Security Benefit Letters and/or Social Security Supplemental Income notices
 - Completed and properly executed verification of employment letters (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in the DRA program)
 - Completed and signed most recent 2 years' filed U. S. Individual Income Tax Returns (i.e., Internal Revenue Service 1040 Forms); to use this documentation, the applicant must be self-employed or a seasonal worker.
 - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) (if employed on a seasonal basis, the prior year's W-2s are acceptable); to use this, the household must be income qualified within the first 3 months of the year, or the applicant must be self-employed or a seasonal worker.
 - Financial statements verifying payments received from annuities, pensions, insurance policies, etc.
 - Financial statements verifying stock portfolio earnings, dividends, and other interest income
 - Letters or case management forms from public assistance agencies
 - Approved HUD Section 8 certificates
 - Court orders verifying alimony awards and child support payments
- 2) The Bank reserves the right to request more current income documentation if applicable. The Bank generally does not accept multiyear averages of income, except that if all or a portion of an individual's income is net income derived from operation of a business or profession the Bank may review and average such income over at least a two-year period.
- 3) We do 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.
- 4) 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 is 18 years of age or older and has no income a signed "Certification of Zero Income." Form is required.
- 5) 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 provide information on any employment gaps if employment does not cover an entire 12-month period.

Disaster Rebuilding Assistance Income Documentation Worksheet

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 Disaster Rebuilding Assistance page to assist in the calculation of annualized income for wage earners.

Applicant's Name: _____

- ☐ Using a pay stub from the applicant. Must reflect employee name and be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster Program)
- ☐ Using Social Security Benefit Letters and/or Social Security Supplemental Income notices
- ☐ Using a Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name for verification and must be dated within 3 months prior to the date the household was income qualified by the member to participate in the Disaster program)
- ☐ Using a completed and signed U.S. Individual Income Tax Return or Year-End Wage and Tax Statements (i.e., Internal Revenue Service 1040 Forms and W-2 Forms); to use this, the household must be income qualified by the member within the first 3 months of the year, or the applicant must be self-employed or a seasonal worker
- ☐ Using financial statements verifying payments received from annuities, pensions, insurance policies, etc.
- ☐ Using financial statements verifying stock portfolio earnings, dividends, and other interest income
- ☐ Using letters or case management forms from public assistance agencies
- ☐ Using approved HUD housing assistance vouchers
- ☐ Using court orders verifying alimony awards and/or child support payments
- ☐ Using Other Income Documentation (please describe)

Certification of Zero Income

(To only be completed by household members 18 years of age or older, if appropriate)

Name of applicant 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 from self-employed or contract resources (Uber, Lyft 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 living expenses:

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 household 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: _____

<i>Dirección</i>	<i>Ciudad</i>	<i>Estado</i>	<i>Código Postal</i>
------------------	---------------	---------------	----------------------

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

Disaster Rebuilding Assistance Sources and Uses of Funds

The “Sources of Funds” and “Uses of Funds” pages must be completed and submitted with each Request for Disbursement of Funds. The Total Sources of Funds must match the Total Uses of Funds.

Sources of Funds Table

- 1) Indicate all sources of funds being used for the proposed repairs/rehabilitation.
- 2) In addition to identifying the sources of funds, please answer each of the questions on the form by checking the applicable “yes” or “no” response.

Uses of Funds Table

- 1) Indicate how each funding source from the Sources of Funds Table will be allocated. Fill out the appropriate column with the amounts.
- 2) If applicable, calculate the developer fee to confirm it does not exceed 10% of the subsidy amount.

Disaster Rebuilding Assistance Sources and Uses of Funds

Date:

FHFA ID#:

Name of Member:

Sources of Funds

Name of Source of Funds	Amount (\$)
FHLB DRA	

TOTAL Sources of Funds

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

Uses of Funds

Uses of Funds	DRA Funds (\$)	Other Funding Sources (\$)	TOTAL (\$)
Rehabilitation			
Inspection Fees			
Developer Fee			
TOTAL COST			

The Developer Fee may not exceed 10% of the DRA subsidy amount.

Developer Fee Calculation: / = %

(If applicable) Developer Fee DRA Subsidy Please enter the %

(automatically populates) (automatically populates)

Disaster Rebuilding Assistance Inspection & Pass-Through Documentation

The Bank requires evidence of the Disaster subsidy passing through from the member for the benefit of the homeowner, to the applicable repair/rehabilitation project. Pass-through is documented by the following:

Items required at time of disbursement request submission (along with completed Funding Manual):

- Signed and fully executed **Home Repair Estimate** (form on next page of the Funding Manual). **This form is required.** Separate cost estimates outside of the funding manual will not be accepted.
- Pre-Rehabilitation Inspection Report – must be completed by an independent third party **selected by the member**. Unless the intermediary is a government-controlled entity, the third-party inspector must not be related to the intermediary. The pre-rehabilitation inspection report must contain the specific items that require modification/rehabilitation or confirm an attached scope of work. **The pre-rehabilitation inspection report must include photos.**
 - **Items to include with the Pre/Post Inspections:**
 1. **Inspection Reports**
 2. **Before/After Photos**
 3. **Inspection Invoice(s), if applicable**

NOTE: at member's option, the pre-inspection report can be excluded at time of disbursement request submission. Once the household is determined by the Bank to be eligible for the DRA subsidy, the required pre-inspection and photos must then be provided in order for the requested Disaster subsidy to be disbursed. Submission of the trailing pre-inspection report must occur within a reasonable time frame after pre-approval of the disbursement request.

Items required upon completion of the rehabilitation/repairs:

Within 60 days of disbursement of the DRA funds to the member, the Bank requires the following:

- Final Cost Certification
- Final Invoice(s)
- Post-Rehabilitation Inspection Report – The same criteria as above applies with respect to the inspector. Typically, the same inspector performs the pre- and post-repair inspections on a given project. The post-rehabilitation inspection report must confirm that the original scope of work was completed in an acceptable manner. **The post-rehabilitation inspection report must include photos.**

Failure to provide the above in the timeframe required may result in the delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).



Member driven.
Community focused.

fhlb.com

Home Repair Estimate DRA (Disaster Rebuilding Assistance)

Date:

Business Name:

Homeowner:

Contractor Name:

Address:

Phone Number:

Bid Expiration Date:

Address:

Repair Item	Units/#	Material Cost	Labor Cost
-------------	---------	---------------	------------

Signature of Contractor: _____

Total:

Homeowner hereby acknowledges and agrees that 1) homeowner has reviewed the Home Repair Estimate 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 by the member. Homeowner accepts the repairs and amount stated above or attached.

Signature of Homeowner: _____

Date: _____

Signature of Member: _____

Date: _____

Certification of Homeowner's Insurance Status

The following certification should be executed and signed by the homeowner(s).

Property address:

The following criteria qualify the applicant(s) for the DRA program:

(please check each criterion that applies; note: at least one must be checked to qualify)

1. I/We do not have homeowner's insurance
2. I/We do not have flood insurance
3. I/We do have insurance and need assistance with meeting the deductible
4. I/We do have insurance but, the cost of repairs exceeds the policy coverage

I/We certify that my/our primary residence has been affected and damages to the residence are disaster related.

I/We certify that my/our primary residence has been affected and damages to the residence are disaster related.

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.

This certification must be signed by the applicant(s):

Applicant(s) Signature(s): _____

Applicant(s) Name(s):

Date:

DRA Proof of Homeownership

Please include one of the following documents as evidence of homeownership with each submission. The name(s) on the provided document should match the name(s) of at least one permanent resident of the household as listed on the Household Income Certification Form.

Acceptable Documents for Proof of Homeownership

- Property tax receipt or bill
- Deed or Official Record
- Home purchase contracts (e.g. Bill of Sale, Bond for Title, Land Installment Contract, etc.)
- Certificate or title for a mobile home
- Other documentation not included in this list are subject to approval by FHLB Dallas

If proof of homeownership cannot be provided, the request will be considered ineligible for DRA funds

Disaster Rebuilding Assistance Final Cost Certification

FHFA ID Number: _____

Homeowner: _____

Property Address: _____

CERTIFICATIONS

- 1) All Disaster-funded rehabilitation work was completed to the satisfaction of the homeowner.
- 2) The contractor's invoices that detail the scope of work performed are accurate.
- 3) All rehabilitation work was completed as of _____ by

(Contractor) (Contractor Phone Number)

- 4) The final cost for work completed is _____.

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

_____ (Contractor)	_____ (Print Name)	_____ (Date)
_____ (Homeowner)	_____ (Print Name)	_____ (Date)
_____ (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.



Member driven.
Community focused.

Federal Home Loan Bank of Dallas

8500 Freeport Parkway South
Suite 600
Irving, Texas 75063-2547

P.O. Box 619026
Dallas, Texas 75261-9026
(800) 362-2944

fhlb.com