

Member driven. Community focused.

Disaster Rebuilding Assistance (DRA)

2025 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.

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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, the subject home must be the primary residence for each occupant shown in the grant application, and at least one of the permanent occupants must be an owner in title of the subject home. Additionally, the subject property must have been owned by at least one of the permanent occupants at least 30 days prior to the applicable disaster event.

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 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 consistent 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 occupant (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 submitted the DRA request. 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 a given DRA offering period and/or in a given 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 \$750. An intermediary serving as the project contractor is not eligible to receive a developer fee. The submitting member institution is not eligible to receive a developer fee in any situation.

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 or replacement, the estimated quantity of shingles must be indicated. The pre-repair inspection report must confirm the need for the proposed repairs. Only repair items resulting from the applicable FEMA-declared disaster are eligible for a DRA grant. Repairs not attributable to the indicated FEMA disaster are not eligible for DRA funding

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 need for the proposed work identified on the applicable DRA Home Repair Estimate. Pre- and post-repair 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.

Q: Are repair change orders allowed?

A: As stated on the DRA Home Repair Estimate form, we are to be notified of any change in contractor or scope of work. A change in either the contractor or the scope of work will require submission of a revised DRA Home Repair Estimate and may require additional pre-inspection review and/or Sources and Uses of Funds form. A change order reducing the requested DRA grant amount will typically be allowed. Approval of a change order requesting an increase in the DRA grant is subject to funds availability.



GENERAL OVERVIEW CONTINUED

Q: Can DRA funds be used toward new construction?

A: If DRA funds are being used to substantially re-build or fully re-construct/newly construct in the place of the old structure (homeowner is temporarily displaced), other funding sources must be identified and committed at the time of request for DRA funds. It is expected that the homeowner should be able move back into their home upon the completion of the work utilizing DRA funds.

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 or manufactured housing allowed in the DRA program?

A: Yes; owner-occupied, primary residence mobile homes or manufactured hosuing, 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 prohibited.

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: Are extensions for repair completion allowed?

A: We understand situations may occur outside the member's control. 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. An ongoing pattern of past-due final documents without adequate justification may impact our ability to disburse future DR grants for the member.



GENERAL OVERVIEW CONTINUED

Q: If a disbursed DRA grant is canceled, do those funds remain allocated to the member 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: 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: 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.

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.



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: | | |
| | Disaster Amount Requested*:\$ | | |
| The homeowner(s) county/parish must have bee | en designated for Individual Assistance by FEMA no earlier than <u>January 1, 2019</u> | | |
| Member Certification (executed by Mem Household Income Certification Form Documents to verify income (please refe Income Calculation Worksheet (if applic | er to the Verification of Income form in this Funding Manual) | | |
| 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 Repor 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 Proof of Homeownership | Insurance Status | | |

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

Maximum DRA assistance:

*\$15,000 per household

Only list the amount being requested from FHLB Dallas

Upload the disbursement request submission to GrantConnect via MyFHLB.com

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



Date:_

Disaster Rebuilding Assistance Member Certification

| Member Name: | FHFA ID#: | |
|---|--|---------|
| Name of Applicant: | ("Homeown | er") |
| ("Disaster") subsidy that is funded pursuant to the and conditions of (i) the Disaster Rebuilding Assistant Loan Bank of Dallas (the "Bank"), (ii) the Disaster Member, (iii) the Bank's Affordable Housing Progregulations governing Homeownership Set-Aside | knowledges that any Disaster Rebuilding Assistance Program e attached Request for Disbursement of Funds will be subject to the term stance Enrollment Application submitted by Member to the Federal Home Rebuilding Assistance Program Agreement executed by the Bank and gram Implementation Plan, (iv) the Federal Home Loan Bank Act, (v) the Programs found at 12 C.F.R. part 1291, (vi) any other documents nance Agency relating Homeownership Set-Aside Programs and (vii) any (the "Disaster Documents"). | Э |
| acknowledges that the requested Disaster funds | rrently requires the amount of Disaster funds requested. Member may only be used for the purposes specified in the Disaster Documents. tis the owner of the home and the damage was due to the disaster. | |
| Homeowner is a low- or moderate-income house Member for participation in the Disaster Program hereby certifies that the total household income for Certification Form, has been verified by the Memincome is listed for such person in Part II (Gross A | received by Member will be provided to the Homeowner and the shold, meaning a household that at the time it was income qualified by a had an income of 80% or less of the median income for the area. Members the Homeowner, as shown on the attached Household Income laber. For any person listed on Part I (Household Composition) for whom not Annual Income) of the attached Household Income Certification form, ull-time student, or has no income as evidenced by a completed Certification | 0 |
| | ing mortgage or other financing in connection with the rehabilitation to the any other charges will not exceed a reasonable market rate of interest, lar maturity, terms and risk. | Э |
| repair or replacement of damaged components for Disaster funds are not being paid for by insuranc | e has been performed to ensure: 1) The Disaster funds requested are for for habitability or code compliance. 2) The scope of work being paid for by se, federal or state emergency assistance or any other funding sources. 3 oplicant has owned the home for at least 30 days and was the owner of the | y 3) |
| has been performed to ensure: 1) The home in | tor was selected by the Member and that proper due diligence inspector has the appropriate qualifications. 2) The home inless the intermediary is a government-controlled entity. Initials: | |
| the best of Member's knowledge after reasonable | forth in this completed Disaster Funding Manual or provided herewith is, to inquiry, accurate and complete in all respects. Member hereby incomplete information to the Bank may result in the denial of funding and it. | |
| Member's Signature: | | |
| | | |
| Title: | | |
| | | |



Name of Member:____

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.

| 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 | | | | | | |

| Hauaahald | (A) | (D) | (C) | (D) | (5) | (E) |
|-----------|------------|------------------|-------------|----------|---------------|-------------|
| Household | (A) | (B) | (C) | (D) | (E) | (F) |
| Member # | Employment | Social Security/ | Income | Payments | Alimony/ | Other |
| | or Wages | Pensions | from Assets | in Lieu | Child Support | Income |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| Totals | | | | | | |

- 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 any of the following types of documentation as verification of household income:
 - Payroll earnings statements reflecting YTD gross earnings as of an applicable payroll date (must include employee's name for
 verification and must be dated within three months prior to the date the member submitted the DRA request).
 - Most recent Social Security Benefit Letters and/or Social Security Supplemental Income (SSI) Statement
 - 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 member submitted the DRA request)
 - 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 method, the applicant must be self-employed.
 - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) for the most recent 2 years. To use this
 documentation method, the household must be income qualified within the first 3 months of the current year, or the applicant
 must be a seasonal worker.
 - Financial statements verifying gross payments currently received from annuities, pensions, insurance policies, etc.
 - Financial statements verifying stock portfolio earnings, dividends, and other interest income
 - Current letters or case management forms from public assistance agencies
 - Current approved HUD housing assistance vouchers
 - Court orders verifying alimony awards and/or child support payments
- 2) The Bank reserves the right to request more recent 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) For Self-Employment income, if the two-year average yields a negative number, the income for self-employment earnings should be reflected as \$0. Any losses from self-employment should not be deducted from any regular wages earned, if applicable.
- 4) 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.
- 5) 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.
- 6) To ensure 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 advise of any employment gaps if employment does not cover an entire 12-month period.
- 7) When full-time students who are 18 years of age or older are dependents, a small amount of their earned income will be counted. Count only earned income up to a maximum of \$480 per year for full-time students, age 18 or older, who are not the head of the family or spouse or co-head. If the income is less than \$480 annually, count all the income. If the annual income exceeds \$480, count \$480 and exclude the amount that exceeds \$480.



Disaster Rebuilding Assistance Income Documentation Worksheet

| Date: | FHFA ID#: |
|---|-----------|
| Name of Member: | |
| Provide verification of income from the applicable categories of docume available on the Bank's website under the Disaster Rebuilding Assistanc 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 member submitted the DRA request.

Using Social Security Benefit Letters and/or Social Security Supplemental Income notices

Using a completed Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name and must be dated within 3 months prior to the date the member submitted the DRA request)

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)

| Na | me c | of applicant declaring no income: | | | |
|-----|--|---|---|--------------|---------------|
| | | | | | |
| Pro | opert | y address:Street | City | State | ZIP |
| 1. | l he | ereby certify that I do not individually receive in | ncome from any of the following sources: | | |
| | a) | Wages from employment (including commiss | sions, tips, bonuses, fees, etc.); | | |
| | b) | Income from operation of a business; | | | |
| | c) | Rental income from real or personal property | <i>(</i> -, | | |
| | d) | Interest or dividends from assets; | | | |
| | e) | Social Security payments, annuities, insuran | ce policies, retirement funds, pensions, or dea | th benefits; | |
| | f) | Unemployment or disability payments; | | | |
| | g) | Public assistance payments; | | | |
| | h) | Periodic allowances such as alimony, child s | upport, or gifts received from persons not living | g in my hous | ehold; |
| | i) | Sales from self-employed or contract resource | ces (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. | l w | Il be using the following sources of funds to pa | ay for living expenses: | | |
| | | | | | |
| | | | esented in this certification is true and accurate to se representations herein constitutes an act of fr | | my knowledge. |
| Si | gnatu | re of declaring household occupant | Printed Name | | |



Certificación de Zero Ingreso

(Solo para ser completado por miembros del hogar mayores de 18 años, cuando corresponda)

| No | mbre | e del ocupante del h | nogar sin ingresos: | | | | |
|----|--------|--|--|-------------------------------|-----------------|----------------|--------------------------|
| Di | reccio | ón de la propiedad: | Dirección | | | | |
| | | | Dirección | | Ciudad | Estado | Código Postal |
| 1. | Ce | ertifico que <u>no recibo</u> | <u>ingresos</u> de ninguna de las sig | guientes fuentes: | | | |
| | a) | Sueldos de emple | eo (incluidas comisiones, propin | as, bonificaciones, honorar | ios, etc.); | | |
| | b) | Ingresos por opera | ación de un negocio; | | | | |
| | c) | Ingresos de alquil | er de propiedad real o propieda | ad personal; | | | |
| | d) | Intereses o divide | ndos de bienes; | | | | |
| | e) | Pagos de Seguro | Social, anualidades, pólizas de | e seguro, fondos de jubilacio | ón, pensiones o | beneficios p | or fallecimiento; |
| | f) | Pagos por desemp | oleo o incapacidad; | | | | |
| | g) | Pagos de asistend | cia pública; | | | | |
| | h) | Asignaciones peri | ódicas como pensión alimentic | ia, manutención infantil o ol | osequios recibi | dos de persor | nas que no viven en mi h |
| | i) | Ventas/ingresos d | le recursos por cuenta propia o | por contrato (Uber, LYFT, | Mary Kay, etc.) | | |
| | j) | Cualquier otra fue | nte no mencionada anteriorme | nte. | | | |
| 2. | | tualmente no tengo rante los próximos 1 | ingresos de ningún tipo y no se 12 meses. | e espera ningún cambio inn | ninente en mi s | ituación finan | ciero o laboral |
| 3. | Uti | ilizaré las siguientes | fuentes de fondos para pagar | mis necesidades: | | | |
| | | | | | | | |
| | | | | | | | |
| СО | nocir | miento. | ifico que la información present | | | | |
| EI | abajo | o firmante comprend | de además que proporcionar de | eclaraciones falsas en este | documento coi | nstituye un ac | to de fraude. |
| | Fir | ma del declarante o | ocupante de vivienda | Nombre en le | etra 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) A developer fee must not exceed \$750, regardless of DRA request amount.



Disaster Rebuilding Assistance Sources and Uses of Funds

| Date: FHF. | 4 ID#: |
|------------|--------|
|------------|--------|

Name of Member:

Sources of Funds

| Name of Source of Funds | Amount (\$) |
|-------------------------|-------------|
| FHI B 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 \$750 regardless of request amount.

^{**}An intermediary serving as the project contractor is not eligible to receive a developer fee.

**The member institution is not eligible to receive a developer fee.



Disaster Rebuilding Assistance Inspection & Pass-Through Documentation

The Bank requires evidence of the DRA subsidy passing through from the member for the benefit of the household, 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 in Funding Manual). This form is required. Cost
 estimates or repair proposals prepared on a form other than the DRA Home Repair Estimate form will not be
 accepted. If multiple contractors are involved, an executed DRA Home Repair Estimate is required for each
 contractor.
 - o If DRA funds are being used to substantially re-build or fully re-construct/newly construct in the place of the old structure (homeowner is temporarily displaced), other funding sources must be identified and committed at the time of request for DRA funds. It is expected that the homeowner should be able move back into their home upon the completion of the work utilizing DRA funds.
- 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.
 - Items required for pre-repair and post-repair inspections:
 - 1) Inspection Reports
 - Before repair photos/after repair 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:

- Signed and fully executed **Final Cost Certification** (form in Funding Manual). If multiple contractors were involved, a fully executed Final Cost Certification is required for each.
- All applicable Final Invoice(s) (contractor(s), inspections)
- Post-Rehabilitation Inspection Report The same pre-inspection report criteria as stated above applies to the post-inspection. Typically, the same inspector performs both the pre- and post-repair inspections on a given project. The post-rehabilitation inspection report must include photos.

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



Home Repair Estimate DRA (Disaster Rebuilding Assistance)

| Date: | Business Nan | Business Name: | | | |
|--|--|--|---|--|--|
| Homeowner: | Contractor Na | Contractor Name: | | | |
| Address: | Phone Number | Phone Number: | | | |
| Bid Expiration Date: | Address: | | | | |
| Repair Item | Units/# | Material Cost | Labor Cost | | |
| | | | | | |
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| | | | | | |
| Signature of Contractor: | | Total: | | | |
| Homeowner hereby acknowledges and agrees the work to be performed, and 2) upon signing by the contractor. Furthermore, homeowner agin the scope of the proposed work, any change and uses of funds must be approved by the Feduratification outlining and supporting the need accepts the repairs and amount stated above of | below, homeowner may no logrees to sign the Final Cost Ce e in the designated contractor ederal Home Loan Bank of Da for the changes is required ar | onger request changes of the ertification upon the completion as initially presented, and/or llas prior to any related work | work to be performed on of work. Any change any change in sources being started. | | |
| Signature of Homeowner: | | Date:_ | | | |
| Signature of Member: | | Date: | | | |



Certification of Homeowner's Insurance Status

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

| Property addre | ess: | | | |
|--|---|--|--|--|
| | riteria qualify the applicant(s) for the DRA program: each criterion that applies; note: at least one must be checked to qualify) | | | |
| 1. | 1. I/We do not have homeowner's insurance | | | |
| 2. | 2. I/We do not have flood insurance | | | |
| 3. | 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 my/our primary residence has been affected and damages to the residence are disaster related. | | | | |
| I/We certify that I/we had owned the home at least 30 days prior to the related disaster. | | | | |
| | y of perjury, I certify that the information presented in this certification is true and accurate to the best dge. The undersigned further understand(s) that providing false representations herein constitutes an | | | |
| This certificati | on must be signed by the applicant(s): | | | |
| Applicant(s) Si | gnature(s): | | | |
| Applicant(s) Na | ame(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 must 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
- Valid 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 adequate proof of homeownership cannot be provided, the request will be considered ineligible for DRA funds*

If the documentation provided indicates homeownership occurred less than 30 days prior to the disaster or, after the disaster occurred, the request will be considered ineligible for DRA funds

The address listed on the proof of homeownership documentation provided will be verified against the address listed on the Home Repair Estimate, Inspection Report, Income Documentation, etc. If there are any discrepancies related to the address in the request documentation, please provide an explanation with the submission



Disaster Rebuilding Assistance Final Cost Certification

| HFA I | Number: | | | |
|--|--|---|--------|--|
| lomeo | wner: | | | |
| ropert | ty Address: ———— | | | |
| ERTIF | ICATIONS | | | |
| 1) | All DRA-funded rehabilitation work has bee | encompleted to the satisfaction of the homeowner. | | |
| 2) | 2) The contractor's invoices that detail the scope of work performed are accurate. | | | |
| 3) | All rehabilitation work was completed as of | f (date) by | | |
| | | | | |
| | (Contractor) | (Contractor Phone Number) | | |
| 4) The final cost for work completed is | | | | |
| Note: This is to be signed and dated by all parties <u>after</u> 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 post-rehabilitation inspection report with photos and all applicable invoices.



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

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