

Project Name: _____	Project Sponsor: _____
Project Number: _____	Project Member: _____
Project City, State: _____	

Indicate below the number of homeless and/or special needs households served by the AHP Project. This information must meet or exceed the project scoring commitments.

Homeless Household Category

A household made up of one or more individuals who meet the criteria for homeless as specified in the implementation plan under which the project was awarded AHP funds:

	TOTAL units reserved for homeless households
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Special Needs Category

A household made up of one or more individuals who meet the criteria for special needs as specified in the implementation plan under which the project was awarded AHP funds:

	Elderly
	Physical, mental, or developmental disabilities
	Recovering from physical abuse
	Recovering from alcohol or drug abuse
	Persons with HIV or AIDS
	TOTAL units reserved for special needs households

Authorized Signature(s):

The individual signing this form certifies that they are authorized to make representations contained herein on behalf of the Project Sponsor identified and the information provided is true and accurate.

The Sponsor further certifies that steps necessary to determine and document the homeless and/or special needs status of the household(s) have been taken, and that the documentation collected is and will be made available to the Federal Home Loan Bank of Chicago upon request.

The Sponsor understands the Federal Home Loan Bank of Chicago has a duty to invoke sanctions pursuant to the Federal Housing Finance Agency's AHP regulation in the event of non-compliance with the terms of the approved AHP application.

Sponsor Representative:

Printed Name:	Telephone Number:
Title:	E-mail: