



**FHLBank**  
Chicago

## Affordable Housing Program Targeted Population Certification

**Project Name:**

**Project  
Number:**

Indicate below the number of housing units reserved for homeless, special needs, and/or permanent supportive housing households served by the AHP Project. The total units reserved for each category must be at least 20% of the project's total housing units.

### Homeless Household Category

A household member meeting the criteria for this category as defined in the Implementation Plan for the project's award year:

	<b>TOTAL units reserved for homeless households</b>
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### Special Needs Household Category

A household member meeting the criteria for this category as defined in the Implementation Plan for the project's award year:

	<b>TOTAL units reserved for special needs households</b>
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### Permanent Supportive Housing Category

A household member meeting the criteria for this category as defined in the Implementation Plan for the project's award year:

	<b>TOTAL units reserved for permanent supportive housing households</b>
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**Describe any agreements that restrict the project's use as housing for the categories specified above:**

### **Authorized Representative(s):**

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

The Sponsor further certifies that steps necessary to determine and document the homeless, special needs, and/or permanent supportive housing 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.

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