



Affordable Housing Program (AHP): Project Modification Request Form

ID: AHP-146

Date: Project Name: Project # (FHFA ID):

Requestor Information:

Member Institution: Sponsor Organization:
Member Contact: Sponsor Contact:
Phone: Phone:
Email: Email:

Modification Request:

Are you requesting a Member Bank or Sponsor Organization change?

Yes No If yes, New Entity:

Modification to Commitment details:

Targeting Number of AHP-Assisted Units Empowerments

Other Scoring Explain:

Will the project continue to meet the AHP eligibility requirements? Yes No

Will the project continue to meet the AHP feasibility requirements? Yes No

Modification Details:

Provide a detailed description of the requested modification and the reason for the request, with supporting good cause:

Describe if and what alternative approaches were explored before submitting the modification request:

Signoff:

By signing below, I certify that I am duly authorized to make the representations contained herein, and the information provided is true, complete, and accurate. I have attached supporting documentation.

Member Signature: Print Name: Date:

Sponsor Signature: Print Name: Date:

This form and any supporting documentation should be submitted to AHP@fhlbny.com. If you have any questions, contact Community Investment at (212) 441-6850.