



Affordable Housing Program (AHP) System Authorization Form for Sponsors and Third Parties

This form is intended to grant a User access to the Federal Home Loan Bank of New York's ("FHLBNY") Affordable Housing Program ("AHP") system, which allows individual Users to submit documentation for designated Affordable Housing Program Applications ("AHP Application") and manage approved AHP projects with which such User, in its capacity as a Sponsor, consultant, property manager or developer on behalf of and designated by Sponsor, is affiliated.

New temporary passwords and temporary password re-sets are automatically generated and emailed or sent via text message¹ to a designated User. Therefore, the email address and mobile number indicated below must be the User's individual, specific email address and mobile number. For security purposes, generic and/or shared email addresses will not be accepted.

Select User Type	
<input type="checkbox"/> New User <input type="checkbox"/> Delete User <input type="checkbox"/> No longer with Entity <input type="checkbox"/> Delete permissions (User is still with the Entity)	
Associating Entity ("Association") Information ²	User Information
<p>Please complete with information about the entity for which User is affiliated (i.e., Sponsor, consultant, property manager or developer designated by the Sponsor).</p> <p>Association Name: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____ Ext: _____</p> <p>Please select one of the following to indicate Entity Type:</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Telephone: _____</p> <p>Mobile Number: _____</p> <p>By signing below, I agree to protect the confidentiality of any confidential information to which I may gain access, including but not limited to, personally identifiable information.</p> <p><input type="checkbox"/> By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.</p> <p>User Signature: _____</p> <p>Date: _____</p>

¹ Standard text messaging rates may apply.

² Please complete with information about the entity to which User is affiliated (i.e., Consultant, property manager or developer designated by the Sponsor).

Affordable Housing Program Permissions

By completing this form, the User will be granted Input permissions.

By checking this box, I request the User indicated on this form be designated as the Lead Contact for the Association. The lead contact will be able to manage contact information for the Association. Only one (1) Lead Contact can be designated for each association.

Pursuant to the AHP Implementation Plan, as may be amended from time to time (the "Plan"), the Association, by its undersigned duly authorized representative ("Authorized Representative") or authorized officer ("Authorized Officer"), hereby certifies that the name and signature of the User is of a person who is duly authorized to act for and on behalf of Association, and to be recognized by the FHLBNY for the purpose of executing transactions on FHLBNY's AHP system. This designated User shall not have the authority to further delegate the powers delegated herein. The Association, by its Authorized Representative or Authorized Officer, understands and agrees that (i) upon submitting to the FHLBNY, this form will supersede any existing form for the same User or the designated lead; (ii) changes to this form may only be made by submitting a new signed form to the FHLBNY; and (ii) the FHLBNY will rely on this form until it has had a reasonable time to replace with any new form submitted by the Association. Furthermore, the Association agrees to cooperate with the FHLBNY and to promptly deliver and provide to the FHLBNY all documentation and information requested by the FHLBNY and/or Sponsor (and/or FHLBNY Member Financial Institution, if different from Sponsor) from time to time in accordance with the AHP Application, the Plan and any other documents related thereto.

The Authorized Officer (must have one or more of the following titles at your institution: Executive Director, Managing Partner, Principal, Board President, Corporate Secretary, Assistant Corporate Secretary, Board Secretary, President, CEO, CFO, COO, Treasurer, EVP, SVP, or VP) or the Authorized Representative of your institution must sign this form certifying that the contents of this form are accurate, and that the User is authorized to act on behalf of the institution. The Authorized Representative or Authorized Officer may only authorize other Users and cannot sign a form in which he/she/they are the designated User. The Authorized Representative or Authorized Officer signing this form must check the box if an electronic signature will be used. The Associating Entity represents and warrants that all Users, now or in the future, are authorized to access all the data and documentation associated with the application and/or project to which they are associated.

Authorized Officer or Authorized Representative

<p>Printed Name: _____</p> <p>Title: _____</p> <p>Telephone: _____ Ext: _____</p>	<p><input type="checkbox"/> By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.</p> <p>Authorized Officer / Representative Signature: _____</p> <p>Date: _____</p>
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Please return completed form to AHPEenrollments@fhlbny.com