

## **Affordable Housing Program**

## Project Change Form

| Date:  |  |
|--|--|
| Project #: Project Name:   |  |
| Member Institution:  | Sponsor Organization:                    |
| Member Contact:  | Sponsor Contact:                         |
| Phone:   | Phone:                                   |
| Email:   | Email:                                   |
| Are you requesting a Member Bank or Sponsor Organiza   |  |
| Yes No 🗌   | New Entity:                              |
| Type of Project Change: Modification to C  | ommitments detail, if applicable:        |
| Project Information Update  Modification to Commitment(s) Increase in AHP Subsidy Eligibility Modification Other:  Targeting Number of U Services and Other Scorin   | d Activities                             |
| Provide detailed description of project change / information   | on update and reason for the request:    |
| Is this requested project change in connection with a disl Will the project continue to meet the AHP eligibility requi Will the project continue to meet the AHP feasibility requist this project currently compliant with the commitments | rements? Yes No rements? Yes No rements? |
| If this is a modification request, demonstrate good cause for the modification. Some examples of good cause are:   |  |
| <ul> <li>Benefits to population served and project,<br/>if modification is allowed</li> </ul>  |  |
| Financial distress can be relieved or avoided  |  |
| Legal or regulatory limitations  |  |
| Alternatives to a modification are<br>detrimental or lead to loss  |  |
| Changes to local market conditions   |  |
|  |  |

| Could the project cure rather than modify the project given more time? Please explain. |                                  |  |       |  |
|--|----------------------------------|--|-------|--|
|  |                                  |  |       |  |
| Describe if ar   | nd what alternative approaches w | vere explored before submitting a modification requ  | uest. |  |
|  |                                  |  |       |  |
|  |                                  | orized to make the representations contained hereing ve attached supporting documentation for the good Date: |       |  |
|  | Member Contact Signature         |  |       |  |
| Print Name:  |                                  | Title:   |       |  |
| Ву:  |                                  | Date:  |       |  |
|  | Sponsor Contact Signature        |  |       |  |
| Print Name:  |                                  | Title:   |       |  |

This form and any supporting documentation should be returned to <a href="mailto:AHPcompliance@fhlbc.com">AHPcompliance@fhlbc.com</a>. If you have any questions, contact Community Investment at (312) 565-5824.

Please refer to the FHLBC Project Change and Non-Compliance Policy located on www.FHLBC.com for information on what type of Project Change you are requesting and if it triggers an Event of Non-Compliance.