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| This Habitat for Humanity® Advance Rate Discount Application is used when an FHLB Des Moines member institution has executed the purchase or origination of Habitat mortgages and is holding them for investment on their balance sheet.  The objective of a Habitat Advance is to provide a member institution liquidity to support their partnership with a Habitat affiliate. This partnership builds the mortgage lending capacity of the Habitat affiliate to serve more homeowners and increase the supply of affordable housing.  A Habitat Advance cannot exceed the unpaid principal balance of Habitat mortgages held by the member at the time of application. Habitat mortgages are defined as below-market whole residential mortgages originated on behalf of a Habitat homebuyer by either: (1) a member or (2) a Habitat affiliate and subsequently purchased by a member.   * Member to email completed application to [**CommunityInvestment@fhlbdm.com**](mailto:CommunityInvestment@fhlbdm.com) at least **three business days** prior to the requested advance. * FHLB Des Moines will provide email notification when the application has been approved. * Habitat Advance should be taken down by member within **10 business days** of approval notification.  |  | | --- | | Habitat Advance Terms and Application Limits | | All applicable FHLB Des Moines advance requirements apply.   * Member option fixed rate advance with ability to prepay on scheduled dates * 5-year term; 1-year lockout * 0% fixed interest rate   Members may submit multiple Habitat Advance Applications subject to the limits set forth below:   * Minimum: $100,000 per Habitat Advance Application * Maximum: $20 million aggregate Habitat Advance volume per member   A single Habitat affiliate may be the beneficiary of the Habitat Advance from more than one member. | | | | | | |
|  | | | | | |
| 1. Member Information | | | |
| Member Institution Name: | | | Member #: |
| Contact Name: | | Title: | |
| Address: | | | |
| City, State, Zip: | | | |
| Email: | | Phone: | |
|  | |  | |
| 1. Habitat for Humanity Affiliate Information (represents partner affiliate for purchased/originated mortgages) | | | |
| Affiliate Name: | | | |
| Contact Name: | | Title: | |
| Address: | | | |
| City, State, Zip: | | | |
| Email: | | Phone: | |
| 1. Habitat Advance Amount | | | |
| Amount Requested: | | Expected Funding Date: | |
| 1. Loan Documentation Spreadsheet and Application Requirements   Member to check every box to acknowledge understanding of application requirements | | | |
| *Member to complete “Attachment A - Habitat Advance Loan Documentation Spreadsheet” or provide alternative documentation with equivalent information to support the unpaid principal balance of Habitat mortgages purchased or originated - Include with application submission*  ⬜ FHLB Des Moines, at its sole discretion, may decline a Habitat Advance Application.  ⬜ All Habitat Advances are subject to the same terms and conditions of a regular advance.  ⬜ Member may not submit duplicate Habitat mortgages.    ⬜ FHLB Des Moines should be mentioned and notified of any publicity or advertising related to the Habitat Advance. | | | |

**Member Certification**

The undersigned, an authorized representative of the member, certifies they understand the application requirements and the information contained in this application and Attachment A (or equivalent) is true and correct.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(Authorized Representative Name) (Title)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify the above statement is true and

*(Member Name)*

correct. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature) (Date)*

**Habitat for Humanity Affiliate Certification**

The undersigned, a Chief Executive Officer, Chief Financial Officer, Executive Director, or equivalent, of the Habitat affiliate, certifies the information contained in Attachment A (or equivalent) is true and correct.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(Authorized Representative Name) (Title)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify the above statement is true and

*(Habitat for Humanity Affiliate Name)*

correct. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature) (Date)*

FHLB Des Moines use only:

Application Approved by: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Signature) (Date)*

Application Expiration Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Date)*