FHLBANK DALLAS

Member driven.
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Housing Assistance for Veterans ("HAVEN")

2026 Funding Manual

HAVEN Program

Overview

The Bank will provide grants to assist veterans and active-duty, reserve or national guard service members who became disabled as a result of their service. Grant recipients must have a member of the household who qualifies as disabled by the Veterans Affairs, a branch of the U.S. Military, the Federal government or other acceptable source. Alternatively, the funds can be awarded to Gold Star Families that have been impacted. The program is designed to support necessary home modifications/ repairs. HAVEN may also be used to provide down payment assistance for qualified, first-time home buyers.

Use of Funds

The Bank will grant up to $25,000 per household towards the purchase or necessary modification/rehabilitation of properties located in the FHLB Dallas District of Arkansas, Louisiana, Mississippi, New Mexico and Texas for one of the following scenarios:

— The qualified grant recipient may purchase a house in which he/she intends to reside as their primary residence.

— The qualified grant recipient may modify a house, which he/she plans to purchase and in which he/she intends to reside as their primary residence. This would also include a lease to own scenario in conjunction with other organizations targeting disabled veterans or service members that facilitate the lease to own transaction.

— The qualified grant recipient may modify a house, which a member of the family plans to purchase in which the applicable veteran intends to reside as their primary residence.

— The qualified grant recipient may modify a house, which he/she already owns and in which he/she intends to reside as their primary residence.

— If a home is being newly constructed and adapted to meet the needs of the veteran or service member, HAVEN funds may be used to offset construction costs on a reimbursement basis after the work is completed.

Program Requirements

- Households must have an occupant who was disabled as a result of their military service or be a Gold Star Family. Documentation evidencing the preceding criteria has been satisfied is required by the Bank.
- Households must have a household income of 165% percent or less of the median income for the area. To calculate the median income ratio (%) divide the total household income by the adjusted median income (the median income adjusted for family size). The current median income guidelines and instructions can be obtained through our website (www.fhlb.com/ haven) or by contacting the Bank at 800.362.2944. Income documentation must be dated within 3 months prior to the request submission date.
- For repairs or modifications to an existing home, pre- and post-inspections are required to mitigate the risk of fraud or defective work and are intended to protect both the homeowners and the members from claims of incomplete work or shoddy workmanship. The inspector must be a third-party not related to the intermediary unless the intermediary is a government entity. The bank does not have a prescribed inspection report, however, both reports must include sufficient representative photos.
    - HAVEN funds may be used to pay for third party inspection costs and Intermediary fees. The Intermediary fee may not exceed $750. The member cannot receive an Intermediary fee.
- For down payment assistance, the applicant(s) listed on the Closing Disclosure must complete the Attestation for Eligibility as a First-Time Homebuyer. Homebuyers are required to complete a Homebuyer Counseling Program.
- Households may not receive any cash back. The rate of interest, points, fees and any other charges for a loan made in conjunction with the HAVEN grant must not exceed a reasonable market rate of interest, points, fees and other charges for a loan of similar maturity terms and risk. Discount points paid by the homebuyer and/or HAVEN funds shall not exceed three percent (3%).
- The member shall pass on the full amount of the HAVEN funds as a grant for the benefit of the household for which the HAVEN funds were approved which must be evidenced in the pass-through documents related to the project within 30 days of grant disbursement for down payment/closing cost assistance requests or, 60 days for rehabilitation/construction requests.

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HAVEN
Request for Disbursement of Funds

Date:_____ FHFA ID: _____

Member:_____

Intermediary Organization (if applicable): _____

Member Contact: _____ Email:_____

Prepared By: _____ Email:_____

Applicant's Name:_____ HAVEN Amount Requested*: $ _____

Property address: _____

City: _____ State:_____ Zip Code:_____

County: _____ Household size: _____

Please allow 7-10 business days after submission to review funding requests. Rush requests cannot be accommodated.

The following items are required at the time of grant submission with this complete Request for Disbursement of Funds:

- ☐ Member Certification (executed by Member)
- ☐ Household Income Certification Form
- ☐ Documents to verify income (please refer to the Verification of Income form in this Funding Manual)
- ☐ Income Documentation Worksheet
- ☐ Evidence of disability related to military service by the Veterans Affairs, a branch of the U.S. Military, the Federal government or other acceptable source (as applicable)
- ☐ Death Certificate or other legal document evidencing direct relationship (parent, spouse or child) to the deceased service member (as applicable)

For requests involving home rehabilitation/construction:

- ☐ Sources and Uses of Funds
- ☐ Pass-Through Documentation (please refer to Pass-Through Documentation form in this Funding Manual to determine what documents to submit).
- ☐ Proof of Homeownership, as applicable

For requests involving down payment/closing cost assistance:

- ☐ Loan Certification
- ☐ Closing Disclosure or other settlement statement (HAVEN funds should be listed separately from other sources). The Bank will accept a Loan Estimate with substantially the same information that will be included in the Closing Disclosure to disburse the HAVEN funds but will require the final Closing Disclosure within 30 days of grant disbursement.
- ☐ First-time Homebuyer Attestation
- ☐ Homebuyer Counseling Certificate

Maximum HAVEN assistance: $25,000 per household

Submit the completed and signed Funding Manual with supporting documents to ahp@fhlb.com

HAVEN
Member Certification

Member Name:_____ FHFA ID#:_____

Name of Applicant:_____("Homeowner")

For down payment/closing cost assistance requests, member hereby attests that proper due diligence has been performed to ensure:

1) The HAVEN funds requested are for down payment and/or closing costs in connection with a home purchase.
2) This home will be the applicant's primary residence.
3) The total household income for the applicant(s), as shown on the attached Household Income Certification Form, has been verified.
4) All applicants meet at least one of the criteria on the Attestation for Eligibility as a First-Time Homebuyer Form.

For home rehabilitation/construction requests, member hereby attests that proper due diligence has been performed to ensure:

1) The HAVEN funds requested are for new construction or necessary rehabilitation and/or modification of the home or attached structures for structural and/or safety reasons and are not merely cosmetic improvements.
2) The cost associated with the new construction or rehabilitation/modification is reasonable and customary based upon the location of the home and the scope of the proposed work.
3) This is the applicant's primary residence.
4) The home inspector was selected by the Member. **Initials :** _____
    a) The home inspector has the appropriate qualifications.
    b) The home inspector is not related to the intermediary, unless the intermediary is a government-controlled entity.

Member hereby certifies that if Member is providing mortgage financing to the applicant, the rate of interest, points, fees and any other charges will not exceed a reasonable market rate of interest, points, fees, and other charges for a loan of similar maturity, terms and risk.

The Federal Home Loan Bank ("the Bank") in its sole discretion will determine whether to award a HAVEN grant to a member institution. Nothing contained in the HAVEN Funding Request will be construed as an agreement or commitment on the part of the Bank to award a HAVEN grant. The Bank in its sole discretion will determine whether the member institution has satisfactorily completed the HAVEN Program requirements. After evaluation by the Bank, the amount of the requested HAVEN grant may be reduced solely at the discretion of the Bank.

The undersigned certifies that the information presented in this Request for Disbursement of Funds for the Housing Assistance For Veterans ("HAVEN") grant is true and accurate to the best of my knowledge and belief after reasonable inquiry. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial or recapture of the HAVEN grant.

Member's Signature: _____

Name: _____

Title: _____

Date: _____

HAVEN
Household Income Certification Form

The Bank will use the information in this form to verify the income eligibility of each household. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan when completing this form.

Member Data
Name of Member:_____
FHFA ID#:_____ Date:_____

Part I. Household Composition

Household Member #	Name	Relationship to Head of Household	Age	F/T/ Student (Y or N)
1		HEAD		
2				
3				
4				
5				
6				
7				
8				

Part II. Gross Annual Income (Use Annual Amounts)

Household Member #	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Income From Assets	(D) Payments in Lieu	(E) Alimony/ Child Support	(F) Other Income
1						
2						
3						
4						
5						
6						
7						
8						
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Add totals from (A) through (F) above **Total Income** $ 0.00

A) Employment or Wages: enter the full amount (before any payroll deductions) of all wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services. This amount should include all regular pay, special pay and allowances of a member of the Armed Forces. This amount should include any income from operation of a business or profession.

B) Social Security/Pensions: enter the full amount (before any medical, etc. deductions) of gross periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum payment for the delayed start of a periodic payment.

C) Income from Assets: enter the full amount of interest, dividends and other net income of any kind from real or personal property. (If combined asset(s) are less than $5,000, report actual income from the asset(s). If combined asset(s) are greater than $5,000, report the greater of income from the asset(s) or .50% of the total asset(s).)

D) Payments in Lieu: enter the full amount of any payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, severance pay and welfare assistance payments.

E) Alimony/Child Support: enter the full amount of any alimony and child support payments, if received regularly.

F) Other Income: enter the full amount of any other income not covered by categories (A) - (E) above and not excluded from income under the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan. Provide an explanation below:

HAVEN

Verification of Income

The Bank must verify each applicant's income to ensure the income eligibility of applicants. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan when completing this form.

1) We will accept the following types of documentation for verification of household income:
   - Payroll earning statements reflecting YTD gross earnings as of an applicable payroll date (must include employee's name for verification and must be dated within 90 days prior to the date the member submitted the HAVEN request)
   - Completed and properly executed verification of employment letters (must include employee's name for verification and must be dated within 90 days prior to the date the member submitted the HAVEN request)
   - Most recent Social Security Benefit Letters and/or Social Security Supplemental Income (SSI) notices
   - Completed and signed most recent **2 years'** U. S. Individual Income Tax Returns (i.e., Internal Revenue Service 1040 Forms) for the most recent year; to use this documentation method, the applicant must be self-employed.
   - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) for the most recent year; to use this documentation method, the household must be income qualified within the first 3 months of the year, or the applicant must be a seasonal worker.
   - Benefit letters or statements verifying gross monthly payments currently received from annuities, pensions, insurance policies, etc.
   - Investment account statements verifying stock portfolio earnings, dividends, and other interest income
   - Current letters or case management forms from public assistance agencies confirming applicable assistance amount
   - Current approved HUD Section 8 certificates or confirmation letters
   - State housing agency verifications of income
   - Court orders verifying alimony awards and/or child support payments
2) The Bank reserves the right to request more recent or additional income documentation if applicable. The Bank generally does not accept multi-year averages of income, except that if all or a portion of an individual's income is derived from operation of a business or profession the Bank will review and average such income over at least a two-year period.
3) For Self-Employment income, if the two-year average yields a negative number, the income for self-employment earnings should be reflected as $0. Any losses from self-employment should **not** be deducted from any regular wages earned, if applicable.
4) The Bank does not include food stamps as part of income. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan for other items that are not included as income.
5) Please include all income for each permanent household occupant including any applicable non-wage income for minors (such as social security or disability benefits). If a household member who is not a full-time student, is 18 years of age or older and has no income, a signed "Certification of Zero Income" is required.
6) To ensure that we calculate a correct annualized income, please provide the start and termination dates if the applicant has held more than one job during the year. Also please advise of any employment gaps if employment does not cover an entire 12-month period.
7) When full-time students who are 18 years of age or older are dependents, a small amount of their earned income will be counted. Count only earned income up to a maximum of $480 per year for full-time students, age 18 or older, who are not the head of the family or spouse or co-head. If the income is less than $480 annually, count all the income. If the annual income exceeds $480, count $480 and exclude the amount that exceeds $480.

HAVEN Program
Income Documentation Worksheet

(Please Show Calculation)

Date:_____ FHFA ID#:_____

Name of Member:_____

Provide verification of income from the applicable categories of documents shown below. An Income Calculation Tool is available on the Bank's website under the Resources on the HAVEN web page to assist in the calculation of income for wage earners.

Applicant's Name: _____

Please check the box for all that apply. The applicant is using:

- ☐ Pay stub(s) (please verify that name is printed on stub; must be dated within 90 days prior to the date the member submitted the HAVEN request).
- ☐ A Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name for verification and must be dated within 90 days prior to the date the member submitted the HAVEN request).
- ☐ Social Security Benefit Letters and/or Social Security Supplemental Income notices.
- ☐ A completed, signed and filed U.S. Individual Income Tax Return or Year-End Wage and Tax Statements (i.e., Internal Revenue Service 1040 Forms and W-2 Forms); See requirements on previous page for when these documents are acceptable for a request submission.
- ☐ Benefit letters or statements verifying payments received from annuities, pensions, insurance policies, etc. including Veterans Affairs Benefit or Entitlement letters.
- ☐ Investment account statements verifying stock portfolio earnings, dividends, and other interest income.
- ☐ Letters or case management forms from public assistance agencies.
- ☐ Approved HUD Section 8 certificates.
- ☐ State Housing Agency verifications of income
- ☐ Court orders verifying alimony awards and child support payments
- ☐ Other Income Documentation (please describe):

_____

_____

Certification of Zero Income

(To only be completed by household members 18 years of age or older, when applicable)

Name of household occupant declaring no income:_____

Property address: _____
Street *City* *State* *ZIP*

1. I hereby certify that I do not individually receive income from any of the following sources:
   a) Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b) Income from operation of a business;
   c) Rental income from real or personal property;
   d) Interest or dividends from assets;
   e) Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
   f) Unemployment or disability payments;
   g) Public assistance payments;
   h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
   i) Sales/receipts from self-employed or contract resources (Uber, LYFT, Mary Kay, etc.);
   j) Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for my necessities:

_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Declaring Housing Occupant	Printed Name	Date

Certificación de Zero Ingreso

(Solo para ser completado por miembros del hogar mayores de 18 años, cuando corresponda)

Nombre del ocupante del hogar sin ingresos:_____

Dirección de la propiedad: _____
Dirección *Ciudad* *Estado* *Código Postal*

1. Certifico que <u>no recibo ingresos</u> de ninguna de las siguientes fuentes:
   a) Sueldos de empleo (incluidas comisiones, propinas, bonificaciones, honorarios, etc.);
   b) Ingresos por operación de un negocio;
   c) Ingresos de alquiler de propiedad real o propiedad personal;
   d) Intereses o dividendos de bienes;
   e) Pagos de Seguro Social, anualidades, pólizas de seguro, fondos de jubilación, pensiones o beneficios por fallecimiento;
   f) Pagos por desempleo o incapacidad;
   g) Pagos de asistencia pública;
   h) Asignaciones periódicas como pensión alimenticia, manutención infantil o obsequios recibidos de personas que no viven en mi hogar;
   i) Ventas/ingresos de recursos por cuenta propia o por contrato (Uber, LYFT, Mary Kay, etc.);
   j) Cualquier otra fuente no mencionada anteriormente.

2. Actualmente no tengo ingresos de ningún tipo y no se espera ningún cambio inminente en mi situación financiero o laboral durante los próximos 12 meses.

3. Utilizaré las siguientes fuentes de fondos para pagar mis necesidades:

_____

Bajo pena de perjurio, certifico que la información presentada en esta declaración es verdadera y precisa a la mejor capacidad de mi conocimiento.
El abajo firmante comprende además que proporcionar declaraciones falsas en este documento constituye un acto de fraude.

Firma del declarante ocupante de vivienda	Nombre en letra de molde	Fecha

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Required Documents for Down Payment/Closing Cost Assistance Requests

Please also include:

- **Preliminary Closing Disclosure, Loan Estimate or other Settlement Statement**
- **Homebuyer Counseling Certificate**

HAVEN
Loan Certification

Name of Member: _____

FHFA ID#: _____

Applicant's Name: _____

Name of institution originating the loan: _____

Under the HAVEN Program, the rate of interest, points, fees, and any other charges for all loans made to homebuyers should not exceed a market rate of interest, points, fees, and other charges for loans of similar maturity, terms and risk. **Discount points paid by the homebuyer and/or HAVEN funds shall not exceed three (3%).** If there is more than one loan, please complete a separate Loan Certification for each loan. **The organization originating a loan to the applicant must complete and execute this form.**

Is the member originating the first mortgage? ☐ Yes ☐ No

Is the loan a Fixed Rate product? ☐ Yes ☐ No

Is the home being purchased a manufactured home? ☐ Yes ☐ No

Is the home being purchased a single family home (1 to 4 unit dwelling)? ☐ Yes ☐ No

Is there a second mortgage on the home that has a monthly payment in addition to the first mortgage payment? ☐ Yes ☐ No

If yes, please list the APR of the second mortgage: _____ term: _____ and monthly payment: _____

By signing below, the lender certifies to the following:

1) **The institution originating the First Mortgage is a Member institution of FHLB Dallas, a wholly-owned subsidiary of the Member institution, a government entity or, a 501c3 non-profit organization.**
2) The First Mortgage does not defer the repayment of principal or interest.
3) The Financing Package does not include interest only or negative amortization loans (excluding properly utilized reverse mortgage.)
4) The Mortgage term is not less than 5 years, and the Amortization term is not less than 15 years.

Signature: _____

Name: _____

Title: _____

Date: _____

HAVEN
Attestation for Eligibility as a First-Time Homebuyer

The following Attestation should be executed and signed **by all applicants that will be listed on the Closing Disclosure**. The following criteria qualify the applicant(s) as First-Time Homebuyer(s) **(please check each criterion that applies):**

☐ 1) Applicant(s) have NOT owned a home during the three-year period immediately prior to purchase.

☐ 2) Applicant is a displaced homemaker, meaning an individual who is an adult and:

- Has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family and
- Is not employed or is underemployed and experiencing difficulty obtaining or upgrading employment.

☐ 3) Applicant is a single parent, meaning an individual who:

- Is unmarried or legally separated from a spouse and
- Has one or more minor children for whom the individual has custody or joint custody or is pregnant (at point applicant occupies the property).

☐ 4) Applicant(s) own or owned, as a principal residence during the three-year period immediately prior to purchase, a dwelling unit whose structure is not in compliance with State, local or model building codes, or other applicable codes, and cannot be brought into compliance with such codes for less than the cost of constructing or purchasing a permanent structure.

☐ 5) Applicant(s) own or owned, as a principal residence during the three-year period immediately prior to purchase, a dwelling unit whose structure is NOT permanently affixed to a permanent foundation in accordance with local or other applicable regulations.

☐ 6) Applicant(s) own or owned, as a principal residence during the three-year period immediately prior to purchase, a dwelling unit that was substantially destroyed due to a natural disaster or other event of catastrophic loss.

Applicant(s) will use the property as their principal residence.

Applicant(s) understands that any willful misstatement of material fact will be grounds for disqualification.

This attestation must be signed by the Applicant(s).

Applicant(s) Signature(s): _____

_____

Applicant(s) Name(s): _____

Date: _____

Programa HAVEN
Certificación de elegibilidad como comprador de vivienda por primera vez

La siguiente declaración debe ser ejecutada y firmada **por todos los solicitantes que figurarán en la Declaración de Cierre.**

Los siguientes criterios califican a los solicitantes como compradores de vivienda por primera vez **(marque cada criterio que corresponda):**

☐ 1) Los solicitantes NO han sido propietarios de una vivienda durante el período de tres años inmediatamente anterior a la compra.

☐ 2) El solicitante es un ama de casa desplazado, es decir, un individuo que es un adulto y:

- No ha trabajado tiempo completo, durante todo el año en la fuerza laboral durante varios años, pero, durante esos años, ha trabajado principalmente sin remuneración para cuidar del hogar y la familia y
- No está empleado o está subempleado y tiene dificultades para obtener o mejorar un empleo.

☐ 3) El solicitante es un padre/madre soltero/a, es decir, una persona que:

- Es soltero/a o está legalmente separado/a de su cónyuge y
- Tiene uno o más hijos menores de edad sobre los cuales la persona tiene custodia o custodia compartida o está embarazada (en el momento en que el solicitante ocupa la propiedad).

☐ 4) Los solicitantes poseen o fueron propietarios, como residencia principal durante el período de tres años inmediatamente anterior a la compra, de una unidad de vivienda cuya estructura no cumple con los códigos de construcción estatales, locales o modelo, y otros códigos aplicables, y no pueden ser llevados a cumplir con dichos códigos por menos del costo de construir o comprar una estructura permanente.

☐ 5) Los solicitantes poseen o fueron propietarios, como residencia principal durante el período de tres años inmediatamente anterior a la compra, de una unidad de vivienda cuya estructura NO esté fijada permanentemente a una base permanente de acuerdo con las regulaciones locales u otras regulaciones aplicables.

☐ 6) Los solicitantes poseen o fueron propietarios, como residencia principal durante el período de tres años inmediatamente anterior a la compra, de una vivienda que fue sustancialmente destruida debido a un desastre natural u otro evento de pérdida catastrófica.

Los solicitantes utilizarán la propiedad como su residencia principal.

El solicitante entiende que cualquier declaración errónea intencionada de un hecho material será motivo de descalificación.

Esta declaración debe estar firmada por el/los solicitante(s).

Firma del/los solicitante(s): _____

_____

Nombre del/los solicitante(s): _____

Fecha: _____

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Required Documents for Home Rehabilitation/Construction Requests

Please also include:

- **Pre-Inspection Report, Photos and if applicable, an invoice**
- **Proof of Homeownership**

HAVEN
Sources and Uses of Funds

The “Sources of Funds” and "Uses of Funds" page must be completed and submitted with each Request for Disbursement of Funds. The Total Sources of Funds must match the Total Uses of Funds.

Sources of Funds Table

1) Indicate all sources of funds being used for the proposed new construction or rehabilitation/modification project.

2) In addition to identifying the sources of funds, please answer each of the questions on the form by checking the applicable "yes" or "no" response.

Uses of Funds Table

1) Indicate how each funding source from the Sources of Funds Table will be allocated. Fill out the appropriate column with the amounts.

2) An Intermediary fee must not exceed $750, regardless of HAVEN request amount.

HAVEN Program
Sources and Uses of Funds

Date: _____ FHFA ID#: _____

Name of Member: _____

Sources of Funds

Name of Source of Funds	Amount ($)
FHLB HAVEN	
TOTAL Sources of Funds	$ 0.00

Is the home being rehabilitated/modified a manufactured home? ☐ Yes ☐ No

Is the home being rehabilitated/modified a single family home (1 to 4-unit dwelling)? ☐ Yes ☐ No

Is the homeowner receiving homeowner counseling? ☐ Yes ☐ No

Uses of Funds

Uses of Funds	HAVEN Funds ($)	Other Funding Sources ($)	TOTAL ($)
Rehab/New Construction			$ 0.00
Inspection Fees			$ 0.00
Intermediary* Fee			$ 0.00
TOTAL COST	$ 0.00	$ 0.00	$ 0.00

The Intermediary Fee may not exceed $750 regardless of request amount.

*Intermediary means an IRS established 501c3 nonprofit organization, government entity or tribal entity that works with a member institution to facilitate applications for the Bank's Homeownership Set-Aside programs and applicable Voluntary programs. The Intermediary must be current on filing and paid all tax obligations to participate in any program.

**An intermediary serving as the project contractor is not eligible to receive an intermediary fee.
**The member institution is not eligible to receive an intermediary fee.

HAVEN (New Construction only)
Pass-Through Documentation

The Bank requires evidence of the HAVEN grant passing through from the member for the benefit of the household, to the applicable new construction project. The HAVEN grant can be used to offset costs for a newly constructed home adapted to meet the needs of the veteran. HAVEN funds may also be used for principal reduction, down payment, or closing costs. Please contact Community Investment staff to discuss the financing structure of the new construction project to determine eligibility and/or additional documentation requirements, if applicable.

Items required at time of disbursement request submission (along with completed Funding Manual):

- Evidence of the total estimated construction costs, such as a **construction budget**
- Loan Estimate, Closing Disclosure, or other settlement statement that reflects a reduction in the overall price of the home by the amount of the HAVEN grant, if applicable

Items required within 60 days of disbursement of the HAVEN funds to the member:

- Final Cost Certification
- Final Invoice(s)
- Final Closing Disclosure or other settlement statement, if applicable (grant should be listed separately from other sources)

Failure to provide the above in the required timeframe may result in the delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).

HAVEN (Rehabilitation/Modification) Inspection & Pass-Through Documentation

The Bank requires evidence of the HAVEN grant passing through from the member for the benefit of the household, to the applicable repair/rehabilitation project. Pass-through is documented by the following:

Items required at time of disbursement request submission (along with completed Funding Manual):

- Signed and fully executed **Home Repair Estimate** (form in Funding Manual). **This form is required.** Separate cost estimates outside of the funding manual will not be accepted. If multiple contractors are involved, an executed HAVEN Home Repair Estimate is required for each contractor.

- Pre-Rehabilitation Inspection Report – must be completed by an independent third party **selected by the member**. Unless the intermediary is a government-controlled entity, the third-party inspector must not be related to the intermediary. The pre-rehabilitation inspection report must contain the specific items that require modification/rehabilitation or confirm an attached scope of work.
    - **Items to include with the Pre/Post Inspections:**
        1. **Inspection Reports**
        2. **Before repair photos/after repair photos (color photos may be required)**
        3. **Inspection Invoice(s), if applicable**

NOTE: At member's option, the pre-inspection report can be excluded at time of disbursement request submission. However, the pre-inspection report must be provided within 45 days from submission. Failure to provide the pre-inspection report within this time frame may result in withdrawal of the submission.

Items required upon completion of the rehabilitation/repairs:

Within 60 days of disbursement of the HAVEN funds to the member, the Bank requires the following:

- Signed and fully executed Final Cost Certification (form in Funding Manual). If multiple contractors were involved, a fully executed Final Cost Certification is required for each.

- All applicable Final Invoice(s) (contractors(s), inspections)

- Post-Rehabilitation Inspection Report – The same criteria as above applies with respect to the inspector. Typically, the same inspector performs both the pre- and post-repair inspections on a given project. The post-rehabilitation inspection report must include sufficient representative photos.

Failure to provide the above in the required timeframe may result in the delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).

HAVEN
Home Repair Estimate

Date: _____ Contractor Business Name: _____

Homeowner: _____ Contractor Name: _____

Address: _____ Phone Number: _____

Bid Expiration Date: _____ Contractor Address: _____

Repair Item	Units #	Material Cost	Labor Cost

Signature of Contractor: _____ Total: $ 0.00

Homeowner hereby acknowledges and agrees that 1) homeowner has reviewed the Home Repair Estimate and understands the work to be performed, and 2) upon signing below, homeowner may no longer request changes of the work to be performed by the contractor. Furthermore, homeowner agrees to sign the Final Cost Certification upon the completion of work. Any change in the scope of the proposed work, any change in the designated contractor as initially presented, and/or any change in sources and uses of funds must be approved by the Federal Home Loan Bank of Dallas prior to any related work being started. Justification outlining and supporting the need for the changes is required and must be submitted by the member. Homeowner accepts the repairs and amount stated above.

Signature of Homeowner: _____ Date: _____

Signature of Member: _____ Date: _____

HAVEN
Proof of Homeownership

Please include one of the following documents as evidence of homeownership with each submission. The name(s) on the provided document should match the name(s) of at least one permanent resident of the household as listed on the Household Income Certification Form.

Acceptable Documents for Proof of Homeownership

- Property tax receipt or bill
- Deed or Official Record
- Valid home purchase contracts (e.g. Bill of Sale, Bond for Title, Land Installment Contract, etc.)
- Certificate or title for a mobile home
- Other documentation not included in this list are subject to approval by FHLB Dallas

If adequate proof of homeownership cannot be provided, the request will be considered ineligible for HAVEN funds

HAVEN
Final Cost Certification

FHFA ID Number:_____

Homeowner: _____

Property Address:_____

CERTIFICATIONS

1) All HAVEN Program-funded rehabilitation/construction work was completed to the satisfaction of the homeowner.
2) The copies of architect's certifications (i.e. AIA Document G702) or contractor's invoices that detail the scope of work performed are accurate.
3) All rehabilitation/construction work was completed as of _____ by _____.

   (Contractor) (Phone Number)

4) The final cost for work completed is _____.

Note: This is to be signed and dated by all parties after the completion of all repair work to the home.

(Contractor)	(Print Name)	(Date)
(Homeowner/Grantee)	(Print Name)	(Date)
(Member Representative)	(Print Name)	(Date)

NOTE: Along with the executed Final Cost Certification, please submit the post-rehabilitation inspection report with photos and all applicable invoices.



Member driven.
Community focused.

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