



# Nomination Certification for the 2017 Affordable Housing Advisory Council

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## PERSONAL INFORMATION

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Current employment: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Your title or position: \_\_\_\_\_

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Mailing address (if different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code



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## ELIGIBILITY REQUIREMENTS

An individual must satisfy certain requirements in order to be eligible for appointment to the Affordable Housing Advisory Council (Council) of the Federal Home Loan Bank of Atlanta (Bank). The questions below address these requirements.

**1. Experience.** All Council appointees must be drawn from those that are actively involved in either (a) providing or promoting low- and moderate-income housing in the Bank's geographic district or (b) providing or promoting community lending in the Bank's geographic district. Please attach your resume or a brief description of the particular experience, qualifications, attributes, or skills that you believe qualify you to serve as a member of the Council.

**2. Residency.** In order to be a Council appointee you must be a bona fide resident of a state that is in the geographic district of the Bank. You will satisfy this requirement if your principal residence is located in that geographic district (a), or if you own or lease a second residence in the district *and* are employed in the district (b). Please indicate the basis you are using to demonstrate bona fide residence.

**A.** Is your principal residence located in the Bank's geographic district?      **Yes**      **No**

**B.** If you answered **No**, do you own or lease a second residence in the Bank's district *and* are you employed in the district?      **Yes**      **No**

If so, provide the address of your second home, the name of and identifying information for your employer, and your title or position, if different from that on page 1 of this form.

**Second home address:**

**Employer information:**

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Your title or position

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
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**3. Time Commitment.** In order to serve effectively on the Council, a Council member must be able to attend Council meetings, and devote the time necessary to prepare for those meetings.

Please confirm that you do not have any other business or professional commitments that would hinder your ability to prepare for and attend the Council meetings.

\_\_\_\_\_ *initial*

**4. Ethical Constraints on Council Service .** The Bank pays certain expenses of Council members in connection with Council meetings. Given those payments, are there any ethical constraints on your potential service on the Council, either imposed by your employer or applicable law?

**Yes**      **No**

If you answered **Yes**, please explain.

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### Voluntary Self-Identification

Completion of the information below is voluntary and is not a requirement of Council service. The Bank may use this information in considering its own diversity. Aggregate demographic data may also be provided to the Federal Housing Finance Agency in connection with the Bank's office of minority and women inclusion reporting.

**Gender:**  Male  Female

**Disabled:**  Yes  No

**Race/Ethnicity:**  American Indian or Alaska Native

Asian American

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander  White

**Veteran:**  Yes  No

**DISCLOSURES**

***At any time:***

(a) Was a petition under the federal bankruptcy laws or any state insolvency law filed by or against, or was a receiver, fiscal agent, or similar officer appointed by a court for the business or property of:

- You
- Any partnership in which you were a general partner at or within two years before the time of such filing
- Any corporation, business association, or organization of which you were an executive officer at or within two years before the time of such filing

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Have you been convicted in a criminal proceeding, or are you the named subject of a criminal proceeding which is presently pending (excluding traffic violations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Have you been the subject of any court order, judgment, or decree, which was not subsequently reversed, suspended, or vacated, and which permanently or temporarily enjoined you from, or otherwise limited your participation in, activities related to banking, community lending, housing, construction, economic development, or real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

(d) Has any federal or state authority barred, suspended, or otherwise limited for more than 60 days, your right to engage in any of the activities described in question (c) above, or your right to be associated with persons engaged in those activities where such order, judgment, or decree has not been subsequently reversed, suspended, or vacated?

Yes \_\_\_\_\_ No \_\_\_\_\_

(e) Have you been the subject of, or a party to, any federal or state judicial or administrative order, judgment, decree, or finding, not subsequently reversed, suspended, or vacated, relating to an alleged violation of any law or regulation prohibiting mail or wire fraud, or fraud in connection with any business entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

(f) Are you or any “associate” of yours a party adverse to the Bank in any legal proceeding, or do you or any “associate” of yours have an interest adverse to the Bank in any legal proceeding? For the purpose of this question, “associate” means:



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- Any corporation or organization (other than the Bank) of which you are an officer or partner, or of which you are, directly or indirectly, the “beneficial” owner of 10 percent or more of any class of equity securities.
- Any trust or other estate in which you have a substantial “beneficial” interest, or as to which you serve as trustee or in a similar fiduciary capacity.
- Any relative or spouse of yours, or any relative of your spouse, who resides with you, or who is a director or officer of the Bank.

Yes \_\_\_\_\_ No \_\_\_\_\_

If “yes,” please describe each such matter or proceeding.

***If you answered “yes” to any part of the Disclosures section, please provide details.***

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By signing below, I hereby certify that the information provided in this Certification is true and correct as of the date set forth, and any misrepresentation of the information contained in this Certification may result in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1014.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_