



AHP Homeowner Assistance Products  
FHLBAsap® Program Manager Designation Form

Please check one of the following:

- New Set-aside Product Registrant       Existing Set-aside Product User

Complete this form in its entirety to be eligible to participate in the products offered by the AHP Homeowner Assistance Program. **Return this completed form to [FHLBAsap@fhlbatl.com](mailto:FHLBAsap@fhlbatl.com).**

**Shareholder Information**

Shareholder Institution: \_\_\_\_\_ Member # \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

**Program Manager Information**

Name and Title: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Name and Title: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

**Member Zip Code Information**

In order to serve you better, FHLBank Atlanta offers a search tool on its public website that will assist consumers in locating member institutions that provide funding for our AHP Homeowner Assistance Products. Please click on this link [Zip Code Locator Form](#) to complete this form in its entirety to ensure that potential customers will be able to reach your institution with ease and efficiency. Please return the form to [FHLBAsap@fhlbatl.com](mailto:FHLBAsap@fhlbatl.com).

**Member Signature**

This section must be signed *by an officer authorized on the member's Credit and Collateral Signature Card* on file with the Federal Home Loan Bank of Atlanta.

\_\_\_\_\_  
Signature of Authorized Officer

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

**Return this completed form to [FHLBAsap@fhlbatl.com](mailto:FHLBAsap@fhlbatl.com)**