



Please check one of the following:

New Program User Existing Program User

Complete this form in its entirety to be eligible to participate in the products offered by the AHP Homeownership Set-aside Program. **Return this completed form to 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 Homeownership Set-aside Program. 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.

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