

# COMMUNITY REBUILD AND RESTORE POST-WORK CERTIFICATION



**FHLBank Member**

Member Name: \_\_\_\_\_

**Homeowner(s)**

Name(s): \_\_\_\_\_

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

County (from FFIEC): \_\_\_\_\_ Mobile Home? (Yes/No): \_\_\_\_\_

**Name of Major Disaster:**

**Date of Major Disaster:**

**FEMA ID# (if applicable):**

\_\_\_\_\_ Date home was purchased (must have at least 30 days current ownership at the time of the Natural Disaster or Emergency Declaration)

\_\_\_\_\_ Single-family dwelling? (Yes/No)  
(1-4 dwelling units)

\_\_\_\_\_ Property located in rural area? (Yes/No)

**Intermediary**

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Contractor** (If more than one contractor, attach additional page with contact information for each additional contractor)

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

The intermediary or member is to complete the following sections listing the amounts conditionally committed for each category, and the change order amounts, if applicable. Costs may be reallocated or decreased, subject to category limits, but total costs may not be increased after the conditional commitment has been issued.

**Completed Rehabilitation**

Approved hard costs: List below the hard (construction) costs incurred for the work that was completed on the homeowner's residence.

Item	Approved Amount	Change Order Amount	Description	Total Final Amount
Exterior Doors				\$
HVAC				\$
Insulation				\$
Roofing				\$
Windows				\$
Low Flow Plumbing Fixtures				\$
Bathrooms (including toilets, sinks, vanities, and showers)				\$
Replacement Floor Coverings				\$
Kitchen Cabinets / Sinks				\$
Other Rehabilitation				\$
<b>Subtotal: Hard Costs</b>				\$

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documentation is subject to penalties that may include fines, imprisonment, or both, under the provisions of Title 18, United States Code, Sec. 1014.

**Change Order**

Approved soft costs.

Item	Approved Amount	Change Order Amount	Description	Total Final Amount
<b>Financing / Closing costs</b>				
Member Fees				\$
Attorney's Fee				\$
Title Search				\$
Recording Fee				\$
Counseling Fee				\$
<b>Rehab Assistance</b>				
Intermediary Fee				\$
Inspection Fee				\$
Permit Fee				\$
<b>Subtotal: Approved Soft Costs</b>				\$
Member Fees + Intermediary Fees may not exceed 12%. Total soft costs may not exceed 20% of hard costs.				
<b>Total Cost</b> (after changes) Total costs may not exceed \$25,000.00 for CRR.				\$

## Inspector Certification

By signing below, I certify to the member, intermediary, and the Federal Home Loan Bank of Atlanta (the Bank) the following. The inspector is to initial each item.

- Initials: \_\_\_\_\_ 1. I have inspected the home based on the scope of work completed and listed in the Pre-work Certification and any change in the scope and/or costs since the Pre-work Certification are detailed in this Post-work Certification.
- Initials: \_\_\_\_\_ 2. I do not have any conflict of interest or appearance of a conflict of interest with any other party associated with this application. Additionally, I do not have any ownership interest in the property, and have not provided services for compensation for any parties involved in the transaction including the homeowner, intermediary organization, contractor, subcontractors, or suppliers within the last year other than inspections services, nor have contracted any services from the homeowner, intermediary organization, contractor, subcontractors, or suppliers within the last year other than the services they are providing in this transaction.
- Initials: \_\_\_\_\_ 3. All work identified in the Pre-work Certification, as may be modified as described in this Post-work Certification, has been completed and was done in a workmanlike manner.
- Initials: \_\_\_\_\_ 4. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 5. The rehabilitation completed has been done to correct a defect or deficiency.
- Initials: \_\_\_\_\_ 6. Based on my professional experience, opinion, and industry standards, the costs incurred are reasonable.
- Initials: \_\_\_\_\_ 7. The home meets commonly accepted habitability standards.
- Initials: \_\_\_\_\_ 8. The rehabilitation meets all applicable building codes, including accessibility codes.
- Initials: \_\_\_\_\_ 9. Except as set for the herein, all certifications made by inspector in the Pre-work Certification remain complete, truthful, and accurate.
- Initials: \_\_\_\_\_ 10. The inspector agrees to notify the member then intermediary (with member's approval) of any certifications that cannot be made on this Post-work Certification.
- Initials: \_\_\_\_\_ 11. To the extent the certification contains any of homebuyer/homeowner's non-public personal information (as that term is defined in Section 501 of the Gramm Leach Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homebuyer(s)/homeowner(s), except as may be required by applicable law.

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

**WARNING:** I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

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## Intermediary Certification, or by Member if no Intermediary

By signing below, I certify to the member (as defined below) and the Federal Home Loan Bank of Atlanta (the Bank) the following:

Initials: \_\_\_\_\_ 1. The rehabilitation work has been completed and was done in a workmanlike manner.

Initials: \_\_\_\_\_ 2. The rehabilitation completed has been done to correct a defect or deficiency.

Initials: \_\_\_\_\_ 3. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.

Initials: \_\_\_\_\_ 4. I do not have any conflict of interest or appearance of a conflict of interest with any other party associated with this application. Additionally, I do not have any ownership interest in the property, and have not provided services for compensation for any parties involved in the transaction including the homeowner(s), inspector, or intermediary within the last year other than contracting services.

Initials: \_\_\_\_\_ 5. A third-party pre-construction inspector approved by the member completed an inspection to determine that the scope of work identified was needed.

Initials: \_\_\_\_\_ 6. To the extent the certification contains any of homebuyer(s)/homeowner(s) Non-public Personal Information (as that term is defined in Section 501 of the Gramm-Leach-Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homebuyer/homeowner, except as may be required by applicable law.

Intermediary, if applicable: Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Date: \_\_\_\_\_

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## Contractor(s) Certification

By signing below, I certify to the member (as defined below), intermediary, and the Federal Home Loan Bank of Atlanta (the Bank) the following: If more than one contractor, attach additional contractor certification page.

- Initials: \_\_\_\_\_ 1. The rehabilitation was completed by the contractor identified on page one (1) of this certification and was done in a workmanlike manner to correct a defect or deficiency.
- Initials: \_\_\_\_\_ 2. The contractor identified on page one (1) is licensed and insured.
- Initials: \_\_\_\_\_ 3. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 4. I do not have any conflict of interest or appearance of a conflict of interest with any other party associated with this application. Additionally, I do not have any ownership interest in the property, and have not provided services for compensation for any parties involved in the transaction including the homeowner(s), inspector, or intermediary within the last year other than contracting services.
- Initials: \_\_\_\_\_ 5. The rehabilitation work meets all applicable building codes, including accessibility codes.
- Initials: \_\_\_\_\_ 6. The rehabilitation work was not initiated or started prior to receiving approval from the member to begin the work.
- Initials: \_\_\_\_\_ 7. The home meets commonly accepted habitability standards.
- Initials: \_\_\_\_\_ 8. As a condition of receipt of any payment of the hard cost amounts listed above, the contractor stipulates all liens have been/will be released from any subcontractor or supplier that has filed notices to owner or claims of lien; forever waives all lien rights against the homeowner(s) and the homeowner(s) property, will pay in full any subcontractors and suppliers that have provided products or services for this project, and will diligently work on the homeowner's behalf to discharge any liens in an expedient manner.
- Initials: \_\_\_\_\_ 9. The contractor hereby will provide a full builder's warranty for all rehabilitation work completed, and agrees to repair or replace any material or workmanship defects in the work at no cost to the homeowner(s) for one year following completion of the work.
- Initials: \_\_\_\_\_ 10. To the extent the certification contains any of homebuyer(s)/homeowner(s) non-public Personal Information (as that term is defined in Section 501 of the Gramm-Leach-Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homebuyer/homeowner, except as may be required by applicable law.

**Contractor:** Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Date: \_\_\_\_\_

State/License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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## Homeowner(s) Certification

By signing below, I certify to the member, intermediary, and the Federal Home Loan Bank of Atlanta (the Bank) the following:

- Initials: \_\_\_\_\_ 1. I/We the homeowner(s) have completed the Bank's prescribed counseling session via telephone.
- Initials: \_\_\_\_\_ 2. I/We the homeowner(s) currently owns, has title to, and resides in the residence identified in this Post-work Certification.
- Initials: \_\_\_\_\_ 3. I/We the homeowner(s) is current on any debt repayment obligations, if applicable, associated with the residence identified in this Post-work Certification and is current on all real estate taxes.
- Initials: \_\_\_\_\_ 4. There have been no changes to the homeowner(s) / household or income information previously approved by the Bank.
- Initials: \_\_\_\_\_ 5. The rehabilitation work completed has been done to correct a defect or deficiency.
- Initials: \_\_\_\_\_ 6. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 7. All rehabilitation work identified in the Pre-work Certification and this Post-work Certification was approved and accepted by the homeowner(s), and the rehabilitation work identified has been completed.
- Initials: \_\_\_\_\_ 8. I/We the homeowner(s) has not received and will not receive funding from another source for the same rehabilitation for which they have requested funding under this AHP Homeownership Set-aside Program.
- Initials: \_\_\_\_\_ 9. I/We the homeowner(s) has executed an approved AHP Homeownership Set-aside Program written agreement that will be/has been recorded, which identifies the five year requirement of the program for the total amount of the grant to be received.
- Initials: \_\_\_\_\_ 10. Each of the undersigned specifically represents to the member and to Bank or potential agents, and acknowledges that the information provided in this application is true and correct as of the date set forth opposite my signature.
- Initials: \_\_\_\_\_ 11. Except as provided in connection with the rehabilitation work, all representations, warranties, guaranties, insurance or other rights or obligations with respect to the residence remain the sole responsibility of the homeowner(s).

**Homeowner:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Email: \_\_\_\_\_

**Homeowner - DO NOT sign until all rehabilitation work is complete.**

**Homeowner:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Email: \_\_\_\_\_

**Homeowner - DO NOT sign until all rehabilitation work is complete.**

**WARNING:** I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

**NOTE: The Homeowner(s) signature(s) must be witnessed by a member bank employee OR Notary:**

Member Bank Witness Signature:

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

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_

Email: \_\_\_\_\_

**Notarization** (required):

GIVEN under my hand and seal of this

\_\_\_\_\_

My commission expires \_\_\_\_\_  
(seal)

## Member Certification

- Initials: \_\_\_\_\_ 1. I have read, reviewed, and will abide by all AHP Homeownership Set-aside Program related policy requirements, obligations, descriptions and supporting documentation as set forth by the Affordable Housing Program (AHP) regulations (12 CFR 1291 et seq.), Affordable Housing Program Implementation Plan (IP), AHP Homeownership Set-aside Program Member User Guide, and any policies or procedures of the Federal Home Loan Bank of Atlanta (the Bank) applicable thereto.
- Initials: \_\_\_\_\_ 2. The member has established and does maintain an adequate and effective internal control environment including, but not limited to, requisite policies and procedures for the prevention, detection, and reporting of fraud, abuse and other suspicious activity in connection with the AHP Homeownership Set-aside Program, including related to any intermediaries or other third parties that may participate in the provision of goods or services related thereto. The member complies with all applicable Bank Secrecy Act and Office of Foreign Assets Controls (OFAC) requirements as they relate to the AHP Homeownership Set-aside Program and certifies that the member has conducted (or caused to be conducted) a screen to confirm that each of the intermediary (if any) and each homebuyer/homeowner is not a "specifically designated national and blocked person" (SDN) on the SDN list maintained by OFAC. The member shall ensure that each intermediary (if any) and each homebuyer/homeowner are included within the scope of the member's know-your-customer (KYC) processes established as part of the member's anti-money laundering program.
- Initials: \_\_\_\_\_ 3. Funds received from the Bank will only be used for rehabilitation of the household's primary residence and soft costs such including counseling costs, and such funds may not be applied to work that has already been performed and funded in full by any non-AHP Homeownership Set-aside Program source.
- Initials: \_\_\_\_\_ 4. The member shall cause to be executed for each AHP assisted unit a retention document that complies with the requirements of the AHP Regulations, the AHP Homeownership Set-aside Program Agreement, the AHP IP, and is acceptable to the Bank
- Initials: \_\_\_\_\_ 5. The member must promptly notify the bank upon discovery or notice of any change to the representations made in the Pre-work Certification and this Post-work Certification from the date hereof through the actual funding date.
- Initials: \_\_\_\_\_ 6. For rehabilitation transactions that involve a third party or intermediary, the member has conducted appropriate due diligence to satisfy itself that such third party can perform the requisite duties and responsibilities in connection with the AHP Homeownership Set-aside Program.
- Initials: \_\_\_\_\_ 7. No other funder has provided funds for the same scope that is requested under the AHP Homeownership Set-aside Program, such that the total funding does not exceed the total cost of the rehabilitation (hard and soft costs).
- Initials: \_\_\_\_\_ 8. I have confirmed that the homeowner(s) has completed the FHLB required homeowner counseling session.
- Initials: \_\_\_\_\_ 9. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or any local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 10. Member has provided copy of the fully executed certification directly to the homeowner(s).
- Initials: \_\_\_\_\_ 11. I affirm that we have verified that all information submitted in support of the AHP Homeownership Set-aside Program application, including but not limited to the homeowner(s) identification, employment, and income is complete, truthful and accurate.
- Initials: \_\_\_\_\_ 12. Member has approved the selection of a third-party inspector who has performed a pre-construction inspection; the pre-construction inspection was completed, received, and reviewed by the member, to ensure that the scope and cost of the work identified in this document is appropriate and needed; a post-construction inspection of the work has been completed as described herein; member will maintain a copy of the pre-construction and post-construction inspections in official records.
- Initials: \_\_\_\_\_ 13. To the extent the certification contains any of homebuyer(s)/homeowner(s) non-public personal information (as that term is defined in Section 501 of the Gramm-Leach-Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homebuyer/homeowner, except as may be required by applicable law.
- Initials: \_\_\_\_\_ 14. By signing below, I certify that I am the designated approver/program manager for the member, and that I have relied on the representations above by the homeowner(s), inspector, intermediary, and contractor in order to submit this unit for AHP Homeownership Set-aside Program funding, and that such reliance does not absolve the member of their responsibilities agreed upon in the AHP Homeownership Set-aside Program Agreement that was previously executed.

**Member:** Approver/Program Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Name (printed or typed): \_\_\_\_\_

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