



Applicant,

Here is the FHLB Disaster Recovery Grant Application sponsored by Community Bank, Mercy Housing and the Federal Home Loan Bank of Dallas. Mercy Housing is processing all paperwork for this Grant. Any questions, please call Mercy Housing. For a printed copy, you can stop by our Office Drop Box at 1135 Ford Street (across from the Mardi Gras Supply Store Pass Rd Gulfport). Our Drop Box is located outside of our office to the left of the door. Please look for the gold FHLB DISASTER RECOVERY Envelope in the box.

PLEASE READ THROUGH PRIOR TO COMPELTION! It is confusing as to what parts to complete. You will enter and update where it says Applicant's or Applicant is listed. See below for an example where some highlighted areas that you will need to complete.

**Disaster Rebuilding Assistance  
Request for Disbursement of Funds**

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

Member: Community Bank of Mississippi \_\_\_\_\_

FHFA ID#: 1086 \_\_\_\_\_

Member Contact: Harry Plasoik \_\_\_\_\_ Email: \_\_\_\_\_

Prepared By: Mercy Housing \_\_\_\_\_ Email: jgressy@mhhd.org \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Disaster Amount Requested\*: \$ \_\_\_\_\_

To qualify you must be a Homeowner and Grant income requirements of 80% Area Median Income or below.

We will need to verify income. Below in item 1) is the acceptable forms of documentation we will accept.

It is also listed in the document I have attached.

You will need to gather this information

You can email copies, fax (228-896-1347), or drop off in our secure Drop Slot located above the drop box outside of the Mercy Office.

Please call Mercy Housing prior to submitting so we can be on the look out for them.

Pages 1 through 11 is generally what you will complete.

We will help with the Income Verification Pages when we get the documents.

**\*\*\*\* Manufactured Housing (Trailer) it has to be affixed to the ground, no wheels!**

I you have any questions, do not hesitate to call Mercy Housing  
Julie Egressy – 896-1945

Please ignore the below notated contact information for AHP or FHLB – Call Mercy Housing  
This is the funders and will not know the Agency/Bank you are working with.

Please email all funding requests to [ahp@fhlb.com](mailto:ahp@fhlb.com).

Email questions to [ahp@fhlb.com](mailto:ahp@fhlb.com) or contact us by phone at 800.362.2944 .

## **We will need the following information to verify your income.**

The Bank must validate the annual household income to ensure the income eligibility compliance of applicants. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan.

- 1) We will accept the following types of documentation as verification of household income:
  - Paychecks with accompanying earnings/deductions statements (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster Program)
  - Social Security Benefit Letters and/or Social Security Supplemental Income notices
  - Completed and properly executed verification of employment letters (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster program)
  - Completed and signed U. S. Individual Income Tax Returns (i.e., Internal Revenue Service 1040 Forms); to use this, the applicant must be self-employed or a seasonal worker.
  - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) (if employed on a seasonal basis, the prior year's W-2s are acceptable); to use this, the household must be income qualified within the first 3 months of the year, or the applicant must be self-employed or a seasonal worker.
  - Financial statements verifying payments received from annuities, pensions, insurance policies, etc.
  - Financial statements verifying stock portfolio earnings, dividends, and other interest income
  - Letters or case management forms from public assistance agencies
  - Approved HUD Section 8 certificates
  - Court orders verifying alimony awards and child support payments
- 2) The Bank reserves the right to request more current income documentation if applicable. The Bank generally does not accept multiyear averages of income, except that if all or a portion of an individual's income is net income derived from operation of a business or profession the Bank may review and average such income over at least a two-year period.
- 3) We do 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.
- 4) 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 is 18 years of age or older and has no income a signed "Certification of Zero Income." Form is required.
- 5) 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 provide information on any employment gaps if employment does not cover an entire 12-month period.

Please let us know if we can be of any service to you in your financial needs during these tough times. We offer VITA Free Tax Service, Medicaid and Obama Care Navigation, Credit and Emergency Budget Counseling and Foreclosure Mitigation. All of our Counselors are HUD Certified and we work with State, Federal and Private Programs to support our Community in financial need. We are here to help.



**Executive Director**  
**Mercy Housing & Human Development**  
**PO Box 8639 / 1135 Ford Street**  
**Gulfport, MS 39507**  
**voice 228-896-1945**  
**fax 228-896-1347**



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## Disaster Rebuilding Assistance (DRA)

### 2021 Funding Manual



# Disaster Rebuilding Assistance Funding Manual Table of Contents

This manual is designed to help you become familiar with the funding process. It provides fillable templates of the required disbursement request forms and descriptive instructions for completing the forms. Unless otherwise specified, each form, accurately completed and signed where indicated, must be provided for each disbursement request. Failure to provide all required forms and supporting documentation will result in delayed processing of the disbursement request.

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## Disaster Rebuilding Assistance Questions and Answers

### Q. How can not-for-profits and other organizations be involved with the Disaster Rebuilding Assistance?

- A. The DRA allows for the involvement of an intermediary organization working in conjunction with an FHLB Dallas member institution. A developer fee is allowed; however, the combined third-party inspection fees and developer fee may not exceed 15% of the total rehabilitation cost portion of the Disaster subsidy. If there are no inspection fees, the developer fee cannot exceed 10% of the rehabilitation cost portion of the Disaster subsidy.

### Q. Why are pre- and post-inspections of the rehabilitation work required?

- A. The pre-rehabilitation and post-rehabilitation inspection requirements have been implemented to mitigate the risk of fraud and help protect both the homeowners and the members from claims of incomplete or defective workmanship. The Bank does not have a specified inspection report form; the inspector may use their own report format. However, the pre-rehabilitation inspection report must contain the specific items that require modification/rehabilitation or confirm an attached scope of proposed work. All inspection reports must reflect the inspector's name and contact information and contain the inspector's signature. In addition, the post-rehabilitation inspection report must confirm that the original scope of work was completed in an acceptable manner. The inspector must be selected by the member. **Both reports must include photos.**

### Q. Who can perform the inspections?

- A. The inspections must be conducted 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. In addition, we recommend that the same inspector be used for both the pre- and post-inspections of the rehabilitation work.

### Q. Why does the Bank require documentation before releasing funds?

- A. In order to determine that homeowners are eligible for Disaster funds and to reduce the potential for recapture of funds from our members, we require documentation supporting the need for the requested home repairs and independent verification of income on each prospective Disaster recipient.

### Q. Can a homeowner receive cash-back related to the rehabilitation?

- A. No. This is strictly prohibited and may result in the recapture of the subsidy.

### Q. Can a homeowner use Disaster funds for items paid for by insurance?

- A. No. Reimbursement for repair or replacement work is limited to assistance not already paid for by insurance, federal or state emergency assistance or any other funding sources.

### Q. Are you concerned with the date of the income documentation?

- A. Some income documentation, such as paychecks and verification of employment letters, must be dated within 3 months prior to the date the member determined the household was income qualified to receive Disaster funds. Please refer to the Verification of Income form in this Funding Manual to determine acceptable income documentation.

### Q. How do you calculate income?

- A. There are several acceptable methods of calculating income depending upon the source of the income and the income documentation. For wage earners, the preferred method is a calculation of annualized income utilizing the Income Calculation Tool that is available on our website under the Disaster Funding Manual. Please contact our office if you have questions on how to calculate the income.

**Q. How is the household size determined?**

A. Any individual who is permanently residing in the household at the time of income qualification must be included and listed on the Household Income Certification along with his or her income, if applicable, Non-wage income of minors (such as social security or disability) must be included. A pregnant woman would be counted as one within the household size.

**Q. Does the rehabilitation have to be completed prior to receiving Disaster funds?**

A. No. We will accept signed cost estimates or work proposals to disburse the funds but will require a final verification of the completed rehabilitation work within 60 days of the Bank's disbursement of funds to the member. Failure to provide the final completion documentation in the time required may result in a delay of future funding and/or a recapture of prior disbursed funds related to the deficient document(s).

**Q. Can Disaster funds be combined with any other approved AHP funds (General and any Targeted funds or Homeownership Set-Aside Funds) awarded by any Federal Home Loan Bank?**

A. No.

**Q. How will I know if a funding request is approved?**

A. Upon approval, an email will be sent to the member contact listed on the "Request for Disbursement of Funds" form.

**Q. How will the member institution receive funding after a request for funds has been approved?**

A. We will credit the member's DDA account in the amount approved. Upon receipt, the member serves as the gatekeeper

**4Which households are eligible for the Disaster subsidy?**

A. Households affected by a disaster event in a federally declared disaster area within the District are eligible for Disaster funds. The property must be used as a household's primary residence and be located in an area designated for Individual Assistance by the Federal Emergency Management Agency (FEMA).



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## Disaster Rebuilding Assistance Request for Disbursement of Funds

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

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

FHFA ID#: \_\_\_\_\_

Member Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Disaster Amount Requested\*:\$ \_\_\_\_\_

**Please provide the following documents with this completed Request for Disbursement of Funds:**

- Member Certification (executed by Member)
- Residential Funding Record
- Household Income Certification Form
- Documents to verify income (please refer to the Verification of Income form in this Funding Manual)
- Income Calculation Worksheet (if applicable)
- Sources and Uses of Funds
- Pre-Rehabilitation Inspection Report including photos (Please refer to the Inspection and Pass-Through Documentation instruction page in this manual.) **Please note:** A Post-Rehabilitation Inspection Report with applicable documentation and the Final Cost Certification will be required upon completion of the work.
- Contractor's Bid or Work Order
- Executed Acknowledgment and Agreement Form

**Please email all funding requests to [ahp@fhlb.com](mailto:ahp@fhlb.com).**

Email questions to [ahp@fhlb.com](mailto:ahp@fhlb.com) or contact us by phone at 800.362.2944 .



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## Disaster Rebuilding Assistance Member Certification

Member Name: \_\_\_\_\_ FHFA ID#: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ (“Homeowner”)

The undersigned member (“Member”) hereby acknowledges that any Disaster Rebuilding Assistance Program (“Disaster”) subsidy that is funded pursuant to the attached Request for Disbursement of Funds will be subject to the terms and conditions of (i) the Disaster Rebuilding Assistance Enrollment Application submitted by Member to the Federal Home Loan Bank of Dallas (the “Bank”), (ii) the Disaster Rebuilding Assistance Program Agreement executed by the Bank and Member, (iii) the Bank’s Affordable Housing Program Implementation Plan, (iv) the Federal Home Loan Bank Act, (v) the regulations governing Homeownership Set-Aside Programs found at 12 C.F.R. part 1291, (vi) any other documents published by the Bank or the Federal Housing Finance Agency relating Homeownership Set-Aside Programs and (vii) any amendments to any of the foregoing documents (the “Disaster Documents”).

Member hereby certifies that the Homeowner currently requires the amount of Disaster funds requested. Member acknowledges that the requested Disaster funds may only be used for the purposes specified in the Disaster Documents.

Member hereby certifies that the above applicant is the owner of the home and the damage was due to the disaster.

Member hereby certifies that the Disaster funds received by Member will be provided to the Homeowner and the Homeowner is a low- or moderate-income household, meaning a household that at the time it was income qualified by Member for participation in the Disaster Program had an income of 80% or less of the median income for the area. Member hereby certifies that the total household income for the Homeowner, as shown on the attached Household Income Certification Form, has been verified by the Member. Member hereby certifies that any person listed on Part I (Household Composition) of the attached Household Income Certification form, who is not a full-time student, has no income, or is under the age of 18 years if no income has been listed for such person in Part II (Gross Annual Income) of the Household Income Certification Form.

Member hereby certifies that if Member is providing mortgage or other financing in connection with the rehabilitation to the Homeowner, 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.

Member hereby certifies that the information set forth in this completed Disaster Funding Manual or provided herewith is, to the best of Member’s knowledge after reasonable inquiry, accurate and complete in all respects. Member hereby acknowledges that providing false, misleading or incomplete information to the Bank may result in the denial of funding and/or the recapture of the Disaster funds by the Bank.

Member’s Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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



## Disaster Rebuilding Assistance Residential Funding Record

A completed residential funding record must be submitted with each request. For each disbursement request, the following must be completed on the form:

The **name** of the institution (member bank) and FHFA ID#.

The **name** of the applicant(s).

**Property address**

**City**

**State**

**Zip Code**

**County**

**Date Income Qualified** – this is the date when the member has received the necessary income documentation and made the determination that the household qualifies for the Disaster subsidy. The applicable income support documentation must be dated within 3 months prior to this date and must not be dated after the income qualification date.

**Annual Income** – this should be the “Total Income” amount from the Household Income Certification Form. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank’s Affordable Housing Program Implementation Plan.

**Median Income Ratio (%)** – divide the applicant’s annual 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](http://www.fhlb.com)) or by contacting the Bank at 800.362.2944.

**Household Size** – include each person that permanently resides in the home.

**FEMA Disaster ID**– the code associated with a FEMA major disaster declaration. For example, FEMA has assigned Texas Hurricane Harvey a code of DR-4332. This can be found at [www.fema.gov/disasters](http://www.fema.gov/disasters).

**Disaster Disbursement Amount** – the amount requested by the member for each applicant (maximum of \$10,000 per applicant).

**Cumulative Disaster Funds** – the cumulative Disaster funds requested by the member for the current year WRGDWH



## Disaster Rebuilding Assistance 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.

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						
<b>Totals</b>						

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

- 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 of 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:

## Disaster Rebuilding Assistance Verification of Income

The Bank must validate the annual household income to ensure the income eligibility compliance of applicants. Please refer to the Guidelines for Determining Income Eligibility included as Attachment G to the Bank's Affordable Housing Program Implementation Plan.

- 1) We will accept the following types of documentation as verification of household income:
  - Paychecks with accompanying earnings/deductions statements (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster Program)
  - Social Security Benefit Letters and/or Social Security Supplemental Income notices
  - Completed and properly executed verification of employment letters (must include person's name for verification and must be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster program)
  - Completed and signed U. S. Individual Income Tax Returns (i.e., Internal Revenue Service 1040 Forms); to use this, the applicant must be self-employed or a seasonal worker.
  - Year-End Wage and Tax Statements (i.e., Internal Revenue Service W-2 Forms) (if employed on a seasonal basis, the prior year's W-2s are acceptable); to use this, the household must be income qualified within the first 3 months of the year, or the applicant must be self-employed or a seasonal worker.
  - Financial statements verifying payments received from annuities, pensions, insurance policies, etc.
  - Financial statements verifying stock portfolio earnings, dividends, and other interest income
  - Letters or case management forms from public assistance agencies
  - Approved HUD Section 8 certificates
  - Court orders verifying alimony awards and child support payments
- 2) The Bank reserves the right to request more current income documentation if applicable. The Bank generally does not accept multiyear averages of income, except that if all or a portion of an individual's income is net income derived from operation of a business or profession the Bank may review and average such income over at least a two-year period.
- 3) We do 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.
- 4) 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 is 18 years of age or older and has no income a signed "Certification of Zero Income." Form is required.
- 5) 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 provide information on any employment gaps if employment does not cover an entire 12-month period.

## Disaster Rebuilding Assistance Income Documentation Worksheet

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 Disaster Rebuilding Assistance page to assist in the calculation of annualized income for wage earners.

**Applicant's Name:** \_\_\_\_\_

- Using a pay stub from the applicant. Must reflect employee name and be dated within three months prior to the date the household was income qualified by the member to participate in the Disaster Program)
- Using Social Security Benefit Letters and/or Social Security Supplemental Income notices
- Using a Verification of Employment Form (VOE) (must be signed and dated by Employer, include applicant's name for verification and must be dated within 3 months prior to the date the household was income qualified by the member to participate in the Disaster program)
- Using a completed and signed U.S. Individual Income Tax Return or Year-End Wage and Tax Statements (i.e., Internal Revenue Service 1040 Forms and W-2 Forms); to use this, the household must be income qualified by the member within the first 3 months of the year, or the applicant must be self-employed or a seasonal worker
- Using financial statements verifying payments received from annuities, pensions, insurance policies, etc.
- Using financial statements verifying stock portfolio earnings, dividends, and other interest income
- Using letters or case management forms from public assistance agencies
- Using approved HUD housing assistance vouchers
- Using court orders verifying alimony awards and/or child support payments
- Using Other Income Documentation (please describe)



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# Certification of Zero Income

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

Name of applicant 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 from self-employed or contract resources (Uber, Lyft 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 living expenses:

\_\_\_\_\_

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 household occupant

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

\_\_\_\_\_  
Date

## Disaster Rebuilding Assistance Sources and Uses of Funds

The "Sources of Funds" and "Uses of Funds" pages 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 repairs/rehabilitation.
- 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

Indicate how each funding source from the Sources of Funds Table will be allocated. Fill out the appropriate column with the amounts. In addition to completing the uses of funds, carefully read the language at the bottom of the uses page. If the statements are true, the member is required to sign and date the form as an attestation.







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# Disaster Rebuilding Assistance Sources and Uses of Funds

Date: \_\_\_\_\_ FHFA ID#: \_\_\_\_\_

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

### Uses of Funds

Uses of Funds	Disaster Funds (\$)	Other Funding Sources (\$)	TOTAL (\$)
Rehabilitation			
Inspection Fees			
Developer Fee			
<b>TOTAL COST</b>			

The combined third-party Inspection Fees and Developer Fee cannot exceed 15% of the rehabilitation cost portion of the Disaster subsidy. If there are no Inspection Fees, the Developer Fee cannot exceed 10% of the rehabilitation cost portion of the Disaster subsidy. Third party inspection costs and developer fees may be paid with Disaster funds only if the costs are not paid by any other source (including the member).

Member hereby attests that proper due diligence has been performed to ensure:

- 1) The Disaster funds requested are for repair or replacement of damaged components for habitability or code compliance.
- 2) The scope of work being paid for by Disaster funds are not being paid for by insurance, federal or state emergency assistance or any other funding sources.
- 3) This is the applicant's primary residence. The applicant has owned the home for at least 30 days and was the owner of the property at the time of the disaster declaration.
- 4) The home inspector is not related to the intermediary unless the intermediary is a government-controlled entity.

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

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

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

## Disaster Rebuilding Assistance Inspection & Pass-Through Documentation

The Bank requires evidence of the Disaster subsidy passing through from the member for the benefit of the homeowner, 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):

- Repair orders.
- Signed Acknowledgment and Agreement Form.
- 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. **The pre-rehabilitation inspection report must include photos.**

NOTE: at member's option, the pre-inspection report can be excluded at time of disbursement request submission. Once the household is determined by the Bank to be eligible for the Disaster subsidy, the required pre-inspection and photos must then be provided in order for the requested Disaster subsidy to be disbursed. Submission of the trailing pre-inspection report must occur within a reasonable time frame after pre-approval of the disbursement request.

Items required upon completion of the rehabilitation/repairs:

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

- Final Cost Certification
- Final Invoice(s)
- Post-Rehabilitation Inspection Report The same criteria as above applies with respect to the inspector. Typically, the same inspector performs the pre- and post-repair inspections on a given project. The post-rehabilitation inspection report must confirm that the original scope of work was completed in an acceptable manner. **The post-rehabilitation inspection report must include photos.**

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



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## Acknowledgment and Agreement Disaster Rebuilding Assistance

Homeowner(s), \_\_\_\_\_, hereby acknowledges and agrees that by signing the attached Cost Estimate / Invoice provided by the contractor that 1) I/we have reviewed the written estimate and understand the work to be performed and 2) upon signing below, the homeowner(s) may no longer request changes of the work to be performed by the contractor. Furthermore, homeowner(s) agrees to sign the final cost certification form 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(s) accepts the repairs stated on the attached Cost Estimate/Invoice dated \_\_\_\_\_ and in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

## Disaster Rebuilding Assistance Final Cost Certification

FHFA ID Number: \_\_\_\_\_

Homeowner: \_\_\_\_\_

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

**CERTIFICATIONS**

- 1) All Disaster-funded rehabilitation work was completed to the satisfaction of the homeowner.
- 2) The contractor's invoices that detail the scope of work performed are accurate.
- 3) All rehabilitation work was completed as of \_\_\_\_\_ by

\_\_\_\_\_

(Contractor)
(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 the work on the home.**

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

**NOTE: Along with the executed Final Cost Certification, please submit the final invoice(s) and post-rehabilitation inspection report with photos.**



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**Federal Home Loan Bank of Dallas**

8500 Freeport Parkway South  
Suite 600  
Irving, Texas 75063-2547

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Dallas, Texas 75261-9026  
(800) 362-2944

[fhlb.com](http://fhlb.com)