



## Affordable Housing Program (AHP) System Authorization Form for Sponsors

This form is intended to grant a User access to the Federal Home Loan Bank of New York's ("FHLBNY") Affordable Housing Program ("AHP") system, which allows individual Users to submit documentation for designated Affordable Housing Program Applications ("AHP Application") and manage approved AHP projects with which such User is affiliated.

New temporary passwords and temporary password re-sets are automatically generated and e-mailed or sent via text message<sup>1</sup> to a designated User. Therefore, the e-mail address and mobile number indicated below must be User Specific. For security purposes, generic and/or shared e-mail addresses will not be accepted.

Sponsor Entity ("Sponsor") Information	User Information
<p>Sponsor Name: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____ Ext: _____</p> <p>Please select one of the following to indicate the Entity Type:</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Telephone: _____</p> <p>Mobile Number: _____</p> <p>By signing below, I agree to protect the confidentiality of any confidential information to which I may gain access including, but not limited to, personally identifiable information.</p> <p><input type="checkbox"/> By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.</p> <p><b>User Signature:</b> _____</p> <p><b>Date:</b> _____</p>

### Affordable Housing Program Permissions

By completing this form, the User will be granted Input and Submit permissions.

By checking this box, I request the User indicated on this form to be designated as the Lead Contact for the Sponsor. The lead contact will be able to manage contact information for the Sponsor. Only one (1) Lead Contact can be designated for each Sponsor.

Pursuant to the AHP Implementation Plan, as may be amended from time to time (the "Plan"), the Sponsor, by its undersigned duly authorized officers ("Authorized Officers"), hereby certifies that the name and signature of the User is of a person who is duly authorized to act for and on behalf of the Sponsor, and to be recognized by the FHLBNY for the purpose of executing transactions based on the permissions indicated on this form. This designated User shall not have the authority to further delegate the powers delegated herein. The Sponsor, by its Authorized Officers, understands and agrees that (i) upon submitting to the FHLBNY, this form will supersede any existing form for the same User; (ii) changes to this form may only be made by submitting a new signed form to the FHLBNY; and (iii) the FHLBNY will rely on this form until it has been replaced with a new form submitted by the Sponsor. Furthermore, the Sponsor agrees to cooperate with the FHLBNY and to promptly deliver and provide to the FHLBNY all documentation and information requested by the FHLBNY (and/or the FHLBNY Member Financial Institution) from time to time in accordance with the AHP Application, the Plan and any other documents related thereto.

The Authorized Officer signing this form must have one (or more) of the following titles at your institution: Corporate Secretary, Assistant Corporate Secretary, Board Secretary, President, CEO, CFO, COO, Treasurer, EVP, SVP, VP, or AVP. **The Authorized Officer may only authorize other Users and cannot sign his/her own form.** The Authorized Officer may be designated as authorized User on a different properly executed form made by another authorized officer.

### Authorized Officer

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

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Ext \_\_\_\_\_

By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.

**Authorized Officer Signature:** \_\_\_\_\_

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

**Please return completed form to [AHPErollments@fhlbny.com](mailto:AHPErollments@fhlbny.com).**

<sup>1</sup> Standard text messaging rates may apply.