



SERVING COLORADO | KANSAS | NEBRASKA | OKLAHOMA

AHP/HSP Authorization Form Instructions

To participate in the Affordable Housing Program (AHP) or the Homeownership Set-aside Program (HSP) via AHP or HSP Online, members must submit an original, properly executed AHP/HSP Authorization Form. A new AHP/HSP Authorization Form does not need to be completed for each program year. **Members that previously submitted this form, do not need to complete a new one. If you wish to add new authorized users to AHP or HSP Online, add the user via the AHP/HSP Supplemental Authorization Form (located on FHLBank's website).**

- The AHP/HSP Authorization Form must be signed by a member representative who is on the member's FHLBank Credit Resolution.
- If additional member representatives need authorization to access HSP Online, complete the AHP/HSP Authorization Form – Supplemental.
- If a member representative's authorization to access AHP or HSP Online needs to be removed, email hcdahp@fhlbtopeka.com or hsp@fhlbtopeka.com as applicable.

The AHP/HSP Authorization Form identifies member representatives authorized to:

- 1) commit the member to the requirements and guidelines of the programs; and
- 2) engage in the AHP and/or the HSP on behalf of the member

Send the executed, original Authorization Form:

Via United States Postal Service:
Kellee Tinsley, Membership Coordinator
FHLBank Topeka
PO Box 176
Topeka, KS 66601-0176

- OR - Via Courier (Federal Express, UPS, etc.):
Kellee Tinsley, Membership Coordinator
FHLBank Topeka
500 SW Wanamaker
Topeka, KS 66606

Once FHLBank has received the original, properly-executed Authorization Form and has entered it into FHLBank's Agreement System, FHLBank will notify the member that it may access AHP and/or HSP Online.



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AHP/HSP Authorization Form

Institution: _____

Address:

Phone Number: _____ **Fax Number:** _____

DDA Number: _____ **Email:** _____

To the Federal Home Loan Bank of Topeka (FHLBank):

Pursuant to the authority delegated to me by resolution of the board of directors of the above-described Institution, I hereby certify to you that each officer, employee or agent of the Institution listed below is authorized on behalf of the Institution, on such terms and conditions as said person may determine, to complete and execute such applications, agreements, disbursement requests, reservations, forms and other documents and otherwise do all things required to participate in the Affordable Housing Program (AHP) and Homeownership Set-aside Program (HSP) of the FHLBank.

Name	Email Address	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This designation can be revoked or amended only in writing signed by a person authorized by the Institution’s board of directors and, until such revocation or amendment is delivered to you, you shall be entitled to rely on these designations in accepting and acting on instructions given or documents executed in accordance herewith.

By: _____
Authorized Signature (must be on Credit Resolution)

Name and Title

Date: _____