

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:	Fax Number: Email:	
Phone Number:	Fax	Number:
DDA Number:	Ema	il:
To the Federal Home Loan Bank (of Topeka (FHLBank):	
hereby certify to you that each o Institution, on such terms and co agreements, disbursement reque	fficer, employee or agent of conditions as said person meters, reservations, forms and	f the Institution listed below is authorized on behalf of the ay determine, to complete and execute such application dother documents and otherwise do all things required to
Name	Email Address	Signature
	-	
-	on or amendment is delivere	signed by a person authorized by the Institution's board or ed to you, you shall be entitled to rely on these designation secuted in accordance herewith.
	Ву:	
	-	Authorized Signature (must be on Credit Resolution)
		Name and Title
	Date:	