

# Modification Request Form



Project #:	Project name:		
Date:	Project status:	<input type="checkbox"/> Completed project	<input type="checkbox"/> Active project
Member name:			
Member contact:			
Address:		Location:	
Phone:	Fax:	Email:	

**Type of Modification Requested:**

- |   |   |
|---|---|
| <input type="checkbox"/> Amount of AHP subsidy        | <input type="checkbox"/> Number of units                  |
| <input type="checkbox"/> Change in member involvement | <input type="checkbox"/> Resident income targeting levels |
| <input type="checkbox"/> Number of donated units      | <input type="checkbox"/> Other: _____                     |

Description of modification requested:

Is this modification requesting an increase in subsidy?  Yes  No

Is this modification being requested in connection with a disbursement request?  Yes  No

Has the documentation justifying this been reviewed? Please attach.  Yes  No

Is there good cause for this modification?  Yes  No

I have reviewed the requested modification and certify that the above is true. I have attached supportive documentation for each point identified above.

_____ Member institution signature	_____ Date
_____ Printed name	_____ Title
_____ Project sponsor/owner	_____ Date
_____ Printed name	_____ Title

In addition to the modification request form, the following may be required for modification consideration:

- Targeting worksheet.
- Updated Rental or Homeownership Workbook (Excel).