



SCHEDULE 1
Applicant Information

Type of financial institution: Bank <input type="checkbox"/> Thrift <input type="checkbox"/> Credit Union <input type="checkbox"/> Insurance Company <input type="checkbox"/> Non-federally insured CDFI <input type="checkbox"/>			Date of Incorporation:
Legal Name of Institution:			
Street Address:			PO Box:
City:	State:	County:	Zip:
President or CEO:		Title:	
Phone:		Email:	
Application Contact Person:		Title:	
Phone:		Email:	
Federal Tax ID #:	ABA #:	FDIC, NCUA, NAIC or CDFI Fund Certificate #:	

GENERAL INFORMATION

List all mergers/acquisitions involving applicant during the past three years or any currently in process:	
Holding Company (if applicable):	City/State:
Has applicant ever been a member of the Federal Home Loan Bank System: If YES, When? Attach a separate sheet describing the membership withdrawal.	

REGULATORY AND INDEPENDENT AUDIT INFORMATION

Date of most recent regulatory exam:	Regulator:
Date of most recent CRA exam:	Regulator:
Describe any outstanding regulatory enforcement actions:	
Date of last external/independent audit:	Name of audit/CPA firm:



SCHEDULE 2
CALCULATION OF MINIMUM CAPITAL STOCK REQUIREMENT
(Subject to verification of institution assets from most recent financial statements)

APPLICANT NAME: _____

- | | |
|--|----------|
| 1. Total assets (as of most recent quarter end) | 1. _____ |
| 2. .12% of total assets: line 1 x .0012 | 2. _____ |
| 3. Capital stock calculation
(line 2 rounded to the next highest \$100) | 3. _____ |
| 4. Capital stock required* | 4. _____ |
| 5. Quarter Ending | 5. _____ |

*If line 3 is less than \$10,000, use \$10,000 as a minimum requirement
If line 3 is greater than \$10,000,000 use \$10,000,000 as maximum requirement
Otherwise use line 3 as the capital stock required



SCHEDULE 3
LONG-TERM HOME MORTGAGE RELATED ASSETS WORKSHEET

APPLICANT NAME: _____

Place an **[X]** next to the long-term home mortgage loans made by the applicant (include loans originated that will subsequently be sold within the secondary market and those originated through subsidiaries).

ORIGINAL MATURITY	FIXED RATE	VARIABLE RATE	AMORTIZATION PERIOD
5-Year Balloon	_____	_____	_____ Years
7-Year Balloon	_____	_____	_____ Years
10-Year	_____	_____	_____ Years
15-Year	_____	_____	_____ Years
30-Year	_____	_____	_____ Years
Other _____			

Purchases and holds mortgage-backed securities: Yes _____ No _____

Other comments regarding home mortgage participation: _____

Signature: _____

Title: _____



SCHEDULE 4
CERTIFICATION OF ADOPTED BOARD RESOLUTIONS

APPLICANT NAME: _____

I certify that I am the duly elected, qualified and acting secretary of the above mentioned applicant and that at a regular meeting of its board of directors/trustees or at a special meeting thereof called for that purpose, a quorum being present, a resolution was adopted, and recorded in the minutes as follows:

"BE IT RESOLVED, That this institution applies for membership in the Federal Home Loan Bank of Des Moines, that if approved for membership, it will subscribe and pay for stock therein as provided in the Federal Home Loan Bank Act, as amended, and that it be fully authorized to do business with, and exercise all of the privileges of membership in said Bank as provided in said Act;

BE IT FURTHER RESOLVED, That the president and secretary be authorized and directed to execute an application as prescribed by the Federal Housing Finance Agency and any other papers and documents required in connection therewith, to pay all expenses, and to do all other things necessary or proper in connection with applying for, obtaining and retaining such membership privileges thereof as the said Agency may by subscribe."

I further certify that, pursuant to said resolution, the foregoing application for membership was duly executed and that any information and documents required by the Federal Housing Finance Agency are attached or accompany the same, that said information is correct and said documents are true and correct copies of what the same purport to be.

Signature of Corporate Secretary: _____

Title:

[SEAL]



SCHEDULE 5
APPLICATION FOR MEMBERSHIP AND SUBSCRIPTION TO STOCK IN
FHLB DES MOINES

APPLICANT NAME: _____

The applicant hereby applies for membership in the Federal Home Loan Bank of Des Moines (the "Bank"), and if approved for membership, will purchase the required minimum amount of capital stock of the Bank. The undersigned acknowledges that such capital stock is issued and redeemed at its \$100 per share par value.

The undersigned is of the opinion that the applicant is eligible to become a member of the Bank and that it is authorized to purchase and hold capital stock in the Bank and to maintain deposits there. The undersigned understands that the applicant's application must be considered, acted upon and approved by the Bank before becoming a member of the Bank. The undersigned agrees that the applicant will initiate the minimum capital stock purchase within 60 calendar days of approval for Bank membership.

In submitting this application, the undersigned understands and agrees that:

1. The applicant will be advised whether or not its application for membership is approved.
2. If admitted to membership, the applicant will conform to all requirements of the Federal Home Loan Bank Act, as now or hereafter amended, and to the rules and regulations there under.
3. In applying, and if the applicant is admitted to membership, the Federal Housing Finance Agency and the Bank are authorized to receive any information, exam reports and other supervisory materials provided by the appropriate state or federal regulatory authority or officer exercising supervisory authority over the applicant and its affairs.
4. The applicant will not represent itself to be a member of the Bank until it receives notice of admission to membership.
5. If admitted to membership, the applicant will become a stockholder of record upon complete payment for the initial minimum required stock subscription as provided in 12 U.S.C. § 1426.

Signature: _____

Title: _____



SCHEDULE 6
AFFIDAVIT – FINANCIAL CONDITION

APPLICANT NAME: _____

State of (_____)

County of (_____)

I, _____, _____ Title
Name of Appropriate Officer

of _____
Name of Institution

do solemnly swear that, to the best of my knowledge and belief, the books of _____
Name of Institution

correctly reflect the true financial condition thereof; that _____
Name of Institution

has no undisclosed assets nor any undisclosed liabilities either real or contingent that are not recorded therein; that all notes, mortgages or other instruments supporting the assets recorded on the institution's books are in full force and effect and that the signatures appearing thereon are genuine; and that there are no undisclosed commitments, no pending suits nor any unsatisfied judgments against the institution, except as follows:

Signature

Subscribed and sworn to me this _____ day of _____, 20____.

[SEAL]

Notary Signature



SCHEDULE 7
AFFIDAVIT – CHARACTER OF MANAGEMENT

APPLICANT NAME: _____

State of (_____)

County of (_____)

The undersigned certifies that:

1. The undersigned has the authority to act on behalf of the applicant’s board of directors; and
2. The information submitted in support of this application is correct; and
3. Neither the applicant nor any of its directors or senior officers is subject to, or operating under, any enforcement action instituted by the applicant’s primary regulator; and
4. Neither the applicant nor any of its directors or senior officers, have been the subject of any relevant criminal, civil or administrative proceedings reflecting on creditworthiness, business judgment or moral turpitude since the last examination by the applicant's primary regulator, or in the case of CDFIs, within the past three years.

Signature of Duly Authorized Representative

Subscribed and sworn to me this _____ day of _____, 20_____.

[SEAL]

Notary Signature



Appendix 1
10% RESIDENTIAL MORTGAGE LOAN REQUIREMENT FOR CERTAIN
INSURED DEPOSITORY INSTITUTIONS
(Required from banks and thrifts with total assets greater than \$1.148 billion and all credit unions)

APPLICANT NAME: _____

Eligible Assets

- | | |
|--|-----------|
| 1. 1 – 4 family mortgage loans – revolving open-ended (home equity) | 1. _____ |
| 2. 1 – 4 family residential properties secured by first <u>and</u> junior liens | 2. _____ |
| 3. Multifamily mortgage loans | 3. _____ |
| 4. Funded residential construction loans | 4. _____ |
| 5. Consumer – mobile home loans only | 5. _____ |
| 6. MBS: pass-through and other mortgage-backed securities | 6. _____ |
| 7. Combination farm loans that have at least one 1 – 4 family residence which is a permanent structure that is occupied full-time by either owner or tenant (not used for temporary or seasonal housing) | 7. _____ |
| 8. Combination business loans that have at least one 1 – 4 family residence which is a permanent structure that is occupied full-time by either owner or tenant | 8. _____ |
| 9. Other loans (single-room occupancy, dormitory, retirement home and nursing home) | 9. _____ |
| 10. TOTAL ELIGIBLE ASSETS (Sum of lines 1 through 9) | 10. _____ |
| 11. TOTAL ASSETS | 11. _____ |
| 12. 10% ELIGIBILITY TEST FOR MEMBERSHIP (line 10 divided by line 11) | 12. _____ |
- LINE 12 MUST BE 10% OR GREATER – APPLICANTS THAT FAIL THIS TEST ARE NOT ELIGIBLE FOR MEMBERSHIP IN THE FEDERAL HOME LOAN BANK OF DES MOINES*

CERTIFICATION

The undersigned certifies that the information submitted above is accurate and complete as of _____ (date).

Signature

Printed Name of Signer



Appendix 2
LONG-TERM HOME MORTGAGE RELATED ASSETS WORKSHEET
(Required from insurance companies and non-federally insured CDFIs only)
RESIDENTIAL HOUSING FINANCE ASSETS (RHFA)
Book Value as of Most Recent Quarter End

APPLICANT NAME: _____

	General Account	Separate Account	Total
Mortgage Loans:			
First and Junior Liens			
Home Equity Loans			
Multi-Family Loans			
Residential Construction Loans			
Multi-Family Construction Loans			
Loans secured by Manufactured Housing			

Mortgage-Backed Securities:			
Pass-Throughs			
CMOs and REMICs			
Other MBS (backed by fully disbursed, 1st mortgage whole loans)			

Other Investments			
Housing-related municipal bond securities			

TOTAL RHFA _____

I certify that the above information is accurate. _____

 Authorized Signature Date

 Name and Title



Appendix 3
DE NOVO REGULATION
(Required from de novo financial institutions only)

APPLICANT NAME: _____

In accordance with section 1263.14(d)(1) a de novo applicant that has not received its first formal, or, if unavailable, informal or preliminary, Community Reinvestment Act (CRA) performance evaluation, shall be conditionally deemed to be in compliance with the home financing policy requirement of section 4(a)(2)(C) of the Act (12 U.S.C. 1424(a)(2)(C)), provided it files written justification acceptable to the Bank of how and why its home financing credit policy and lending practices will meet the credit needs of its community.

If the de novo applicant's first CRA rating is 'needs to improve' or 'substantial non-compliance', it will be deemed to be in noncompliance with the home financing requirement, subject to rebuttal, and its conditional membership approval shall be deemed null and void.

The de novo applicant agrees to provide the Federal Home Loan Bank of Des Moines promptly upon receipt of a copy of its formal, informal or preliminary, CRA performance evaluation.

Signature: _____

Title: _____



Appendix 4

CERTIFIED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) REQUIREMENTS *(Required from all CDFIs other than CDFI Credit Unions)*

APPLICANT NAME: _____

State of Incorporation or Tribe Affiliation: _____

Financial Requirements:

- Net Asset Ratio > 20%: _____ as of _____ (quarter-end date) (Net Assets-to-Total Assets)
- Net Income (Loss):
(Last 3 Year-Ends)(positive average)
\$ _____ 12/31/ _____
\$ _____ 12/31/ _____
\$ _____ 12/31/ _____
- Reserve Ratio > 30%:
Loan Loss Reserve:
\$ _____
-to-
Loans and Leases 90 days or more delinquent:
\$ _____
= _____ % as of _____
(quarter-end date)

- Liquidity Ratio > 100%:
(Ratio of Unrestricted Cash and Cash Equivalents-to-Average Quarterly Operating Expense)
(Last 4 quarters and **2 preceding year-ends**)
_____ % as of **quarter-end** _____ _____ % as of **quarter-end** _____
_____ % as of **quarter-end** _____ _____ % as of **year-end** _____
_____ % as of **quarter-end** _____ _____ % as of **year-end** _____

- Please ensure that all ratios can be verified by submitted financial statements, which should include an independent audit conducted within the prior year, plus more recent quarterly statements if available, and financial statements for the two years prior to the most recent audited financial statements.
- Please submit the CDFI’s most recent certification by the CDFI Fund.
- Are you a member of the Opportunity Finance Network? YES **or** NO
- If applicable, please submit your most recent CARS report conducted by the Opportunity Finance Network.