

Member Institution

Contact	Title
---------	-------

Address

City	State	ZIP Code
------	-------	----------

Email	Telephone Number
-------	------------------

List the names of each savings program from which the member has received or expects to receive IDEA Program enrollees. For each savings program, also indicate the respective homebuyer counseling programs.

Name of Savings Program (FSS or IDA, or Lease-to-Own)	States Where Your Institution Intends to Offer the IDEA Program	Homebuyer Counseling Program

All IDEA Program member participants will be displayed on the Bank's public website. Provide the name and email address of the person who can be contacted by potential homebuyers or housing counseling agencies interested in the IDEA Program.

Contact	Email Address
---------	---------------

*In addition, submit an executed Affordable Housing Program Direct Subsidy Agreement – Homeownership Set-Aside Program form (2229).*