Community Investment Tax Credit Program for the Promotion of Affordable Housing Opportunities
CERTIFICATE OF CONTRIBUTION FOR TAX CREDIT

PART I – BUSINESS AND CONTRIBUTION INFORMATION (Completed by Contributor)

Name of financial institution: _____
Business mailing address: _____
Contact person and title: _____ Telephone number: (____) _____
Tennessee Franchise and Excise number: _____
Tax Year (Check One) ☐ Calendar Year ☐ Fiscal year from _____ to _____

Type of Investment (Check All That Apply):

□ Qualified loan (2% below prime rate) $ _____ Date Approved _____
□ Qualified low-rate loan (4% below prime rate) $ _____ Date Approved _____
□ Qualified investment (longer than 5 years) $ _____ Date Approved _____
□ Grant or contribution $ _____ Date Approved _____

Type of Credit (Check One): ☐ Annual ☐ One Time

Submitted by: _____
Name of Financial Institution

By: _____ _____ _____
Signature Print Name and Title Date

PART 2 – ELIGIBLE HOUSING ORGANIZATION (Completed by Eligible Organization)
(Check One)

☐ Tennessee Nonprofit Organization ☐ Public Housing Authority
☐ Development District ☐ THDA

Name of eligible organization: _____
Business mailing address: _____
Contact person and title: _____ Telephone number: (____) _____

Type of Eligible Activity (Check All That Apply):

Activities that create or preserve affordable housing:

☐ Construction of single family and multi-family housing $ _____
☐ Conversion $ _____
☐ Rehabilitation $ _____
☐ Acquisition $ _____
☐ Land $ _____
☐ Financing (i.e. through loan funds) $ _____

Activities that help obtain housing:

☐ Down payment assistance $ _____
☐ Pre-purchase counseling $ _____
☐ IDAs for homeownership $ _____
☐ Supportive services tied to housing (including but not limited to services for the elderly, developmentally or mentally disabled, youth transitioning from foster care, homeless, and other targeted groups) $ _____
☐ Deposits: Utilities and security $ _____

Activities that build capacity:

- ☐ Operational support $ _____
- ☐ Investment in technology $ _____
- ☐ Training (support for nonprofits providing training or receiving training) $ _____
- ☐ Technical assistance (for nonprofits who provide or to fund those who need assistance) $ _____

Other activities:

- ☐ Emergency mortgage assistance $ _____
- ☐ Home improvements for handling accessibility $ _____
- ☐ Activities to help maintain housing and prevent homelessness $ _____
- ☐ Post-purchase, foreclosure prevention counseling $ _____
- ☐ Activities to promote public awareness about affordable housing $ _____
- ☐ Research $ _____

ELIGIBLE HOUSING ORGANIZATION CONCURRENCE (Completed by Eligible Organization)

To the best of my knowledge, I endorse that the information contained in this form is true and correct and that the document has been fully authorized by the governing body of the eligible housing organization. I will comply with the program rules and regulations if certification is granted. I also confirm that I am aware that providing false information can subject the individual signing this document to criminal sanctions up to and including a Class E Felony.

Submitted by: _____
Name of Eligible Housing Organization

By: _____ _____ _____
Signature Print Name and Title Date

Please include the following attachments before submitting form to THDA:

(1) Copy of 501(c)(3) designation letter from the IRS.

(2) Tennessee Nonprofit Organizations must attach a current copy of a Certificate of Existence from the Secretary of State's Office dated no more than 12 months prior to the date of application.

(3) Project Narrative: Please use the attached outline to briefly describe your proposed activity. Tell what you are going to do, where you are going to do it, who and how many will benefit, how the funds will be used, income level of population served, and the expected time frame for completion.

PART 3 – THDA CERTIFICATION (Completed by THDA)

Amount of Eligible Investment: _____

Approved by: _____ _____ _____
Signature Print Name and Title Date

PART 4 – DEPARTMENT OF REVENUE CERTIFICATION (Completed by Revenue)

Amount of Tax Credit: _____

Approved by: _____ _____ _____
Signature Print Name and Title Date