

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)

Pusiness mailing address:				
Business mailing address: Contact person and title: Telephone number: ()				
Email Address:			· · · · · · · · · · · · · · · · · · ·	
Email Address: Tennessee Franchise and Excise number	er:			
Tax Year (Check One) □ Calendar Year		☐ Fiscal year from to		
Type of Investment (Check All That A	pply):			
□ Qualified loan (2% below prime rate	e)	\$	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:				
Submitted by:Name of Finar	ncial Institution			
By:Signature		Print Name and Title		Date
PART 2 – ELIGIBLE HOUSING OF	RGANIZATIO	N (Completed by Eligible	Organization)	
(Check One)		- D 11' II '	A 41 '4	
☐ Tennessee Nonprofit Organization		□ Public Housing Authority		
□ Development District		□ THDA		
Name of eligible organization:				
Business mailing address:				
Contact person and title:		Telephone number: ()		
Email Address:				
Type of Eligible Activity (Check All T				
Activities that create or preserve afford	-			
☐ Construction of single family and multi-family housing			\$	
			\$	
□ 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 h services for the elderly, deve youth transitioning from for	elopmentally or	mentally disabled,		
groups)			\$	
☐ Deposits: Utilities and security			\$	

<u>Activi</u>	ties that build capacity:					
	☐ Operational support	\$_				
	□ Investment in technology	\$_				
	☐ Training (support for nonprofits providing training	ng or				
	receiving training)					
	☐ Technical assistance (for nonprofits who provide					
	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 af	_				
	□ Research					
ELIG	BLE HOUSING ORGANIZATION CONCURREN	CE (Completed by Eligible O	rganization)			
	document has been fully authorized by the governi with the program rules and regulations if certificate false information can subject the individual signing Class E Felony.	ion is granted. I also confirm	that I am aware that providing			
Subm	itted by					
Suom	itted by:Name of Eligible Housing Organiz	zation				
By:	Signature Print Nam	1 Tid-	D-4-			
			Date			
	include the following attachments before submitting					
(1)	Copy of 501(c)(3) designation letter from the IR	S.				
(2)	Tennessee Nonprofit Organizations must attach Secretary of State's Office dated no more than 1					
(2)	(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.					
(3)	are going to do, where you are going to do it, wh	no and how many will benefi	t, how the funds will be used,			
	are going to do, where you are going to do it, wh	no and how many will beneficted time frame for completi	t, how the funds will be used,			
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