



TENNESSEE DEPARTMENT OF REVENUE
Community Investment Tax Credit Program
for the Promotion of Affordable Housing Opportunities
Certificate of Contribution for Tax Credit

Part 1 - Business and Contribution Information (completed by contributor)

Name of Financial Institution _____

Business Mailing Address _____

Contact Person and Title _____ Telephone Number _____

Name of Parent Company (if applicable) _____

Tennessee Franchise and Excise Number (number used when filing tax return) _____

Type of Investment (check all that apply):

Qualified loan (2% below prime rate) or investment \$ _____ Date Approved _____

Select Desired Credit:

- 5% of the amount of the loan or investment, or
- 3% annually of the unpaid principal balance of a qualified loan

Qualified low-rate loan (4% below prime rate), grant, or contribution \$ _____ Date Approved _____

Select Desired Credit:

- 10% of the amount of the loan or investment, or
- 5% annually of the unpaid principal balance of a qualified loan

By _____ Signature _____ Print Name and Title _____ Date _____

Part 2 - Eligible Housing Organization (completed by eligible organization) (check one)

- Tennessee Nonprofit Organization
- THDA
- Community Development Financial Institution
- Development District
- Public Housing Authority

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 (e.g., 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) \$ _____
- Technological assistance (for nonprofits who provide for or 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 agree 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 B Felony.

By _____
Signature Print Name and Title Date

Please include the following attachments before submitting form to Tennessee Housing Development Agency (THDA):

1. Copy of 501(c)(3) Designation Letter from the IRS
2. Tennessee Nonprofit Organizations must attach a copy of a Certificate of Existence from the Tennessee Secretary of State's Office dated no more than 12 months prior to the date of application submission.
3. 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, the income levels of the population to be served, how you will use the funds from the financial institution, and the expected timeframe for completion.

FOR OFFICE USE ONLY

Certification by THDA

Amount of eligible investment _____

Approved by _____
Signature Print Name and Title Date

Certification by Department of Revenue

Amount of tax credit _____

Approved by _____
Signature Print Name and Title Date