



**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: (\_\_\_\_) \_\_\_\_\_

Tennessee Franchise and Excise number: \_\_\_\_\_

Type of Investment (Check All That Apply):

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

Select Desired Credit:

(A) Five percent (5%) of the amount of the loan or investment, or

(B) Three percent (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:

(A) Ten percent (10%) of the amount of the loan, grant, or contribution, or

(B) Five percent (5%) annually of the unpaid principal balance of a qualified low-rate loan

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       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 (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 B 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 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.**

**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