**Affordable Housing Assistance Program**

**Donation Allocation Form**

**Purpose:** To identify the potential designated use of the donation listed on the Tax Credit Certification form. *Note: This form is to be completed by the Agency and to be submitted with the corresponding Tax Credit Certification form completed by the donor.*

AHAP #:       Agency Name:

Donor Name:

Donation Value: $

Indicate for which category the donation will be utilized. Also, submit proof of the donation (check, invoice, etc.)

*Note: Ensure the category(ies) noted below agrees with the categories intially budgeted in the application. If a category selected does not agree with a previously-established category, complete the Exchange of Uses Form (form AHAP-175).*

|  |  |
| --- | --- |
| Category Type | List Amount and Description |
| Equipment/Office Supplies |       |
| Salaries |       |
| Utilities |       |
| Professional Services |       |
| Insurance |       |
| Maintenance/Repair |       |
| Property Taxes |       |
| Office Rent/Mortgage |       |
| Other:       |       |

**\*** Professional Services include Accounting, Plumbing, Electrical, Legal, etc.

Comments:

**Agency Approval**

Agency Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**