

DELAWARE STATE HOUSING AUTHORITY NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT APPLICATION

REQUEST FOR NEIGHBORHOOD ASSISTANCE ACT TAX CREDITS

TO BE COMPLETED BY THE TAXPAYER REQUESTING THE TAX CREDIT¹

I hereby apply for a NAA tax credit award for the contribution of goods, services or financial assistance under the State of Delaware Neighborhood Assistance Tax Credit Program. I hereby attest that the information provided is, to the best of my knowledge, correct, and that the neighborhood assistance provided is consistent with the work described in the Part 1 of the Neighborhood Assistance Tax Credit Application.

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Taxpayer:		☐ Individual	\Box Corporation
Signature:		Date:	
Address:		State:	Zip:
Phone: E-mail	:		
Federal Tax ID Number (Corpora	ation)/ Social Securit	y Number (Individual	1):
Organization receiving donation:	:		
Amount of donation: \$	V	'alue of Credit: \$	*
*Upload verification of contriband back).	oution (for example,	canceled check with	photo copy of front
CERTIFICATION OF N			
TO BE COMPLETED BY T DON	THE NON-PROFIT NATION OR DIREC		THAT RECEIVED
Non-Profit Name:			
Address:	City:	State: _	Zip:
Phone: E-mail	: 		
ontribution Received (Date): Total Value of Contribution			
Neighborhood Assistance Activity	ty:		
I and this donati	(name of organiza	tion) received a donation	in the amount of
Signature:			
¹ Minimum contributions- Individual do both individuals and businesses is \$100 3-year period. For taxpayers that are ut these credits to any Delaware tax liabilitive-year deadline. FOR DSHA USE ONLY	0,000.00 per year (\$50,000 nable to claim the entire N	0 credit) and \$200,000 (\$1 NAA tax credit the first ye	100,000 credit) over ear, the taxpayer may apply
Approved by:	Credit Amo	ount: \$	Date: