



**DELAWARE STATE HOUSING AUTHORITY
NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT
APPLICATION
PART 1**

APPLICATION FOR NEIGHBORHOOD ASSISTANCE ACT TAX CREDITS

To be completed by Non-profit Neighborhood Organization requesting program eligibility.

SECTION A

Please type or print clearly

1. ORGANIZATION TO RECEIVE DONATION OR DIRECT SERVICES: *(Non-profit organization)*

Name of Organization: _____

Address: _____

City: _____ County _____ State _____ Zip _____

Contact Person: _____ Title: _____

Phone: _____ E-mail: _____

A. Please provide a brief summary of the proposed use of the Neighborhood Assistance Contribution. (Please provide a brief summary of your program and how the NAA contribution will be used as appendix A keep to one page or less, single spaced)

B. **DSHA recommends that organizations that participate in the NAA program inform possible contributors to consult with a professional accounting and tax services firm prior to making a contribution for NAA credits.**

2. Non-Profit Neighborhood Organization Eligibility

NAA Tax credits are awarded for qualified neighborhood assistance that occurs from financial contributions and through the provision of in-kind goods and services. All contributions must be made to a neighborhood organization for a qualified activity, intended to assist people in impoverished areas, or people who have low- and moderate-income. For individuals the minimum contribution amount is \$2,500.00. For businesses the minimum contribution amount is \$10,000.00. Maximum contribution amount for both individuals and businesses is \$100,000.00.

- A. Does the organization receiving the neighborhood assistance qualify as a neighborhood organization? (*A neighborhood organization is defined in the Act as any organization performing neighborhood assistance in an impoverished area or for low- and moderate-income families and holding a ruling from the Internal Revenue Service of the United States Department of the Treasury that the organization is exempt from income taxation under the provisions of the Internal Revenue Code, or any community development corporation or community-based development organization as defined by DSHA.*)

Yes ___ No ___

- B. Check the types of neighborhood assistance being proposed by this application (Check all that apply)

___ **Community Services** (*any type of counseling, emergency assistance or medical care furnished to individuals or groups in an impoverished area or for low- and moderate-income families*)

___ **Crime Prevention** (*any activity that aids in the reduction of crime in an impoverished area or for low- and moderate-income families*)

___ **Economic Development** (*any activity that aids in business development and ownership in impoverished areas or for low- and moderate-income families*)

___ **Education** (*any type of scholastic instruction to individuals who reside in an impoverished area or for low- and moderate-income individuals that enables them to meet educational requirements for known job vacancies*)

___ **Housing** (*any activity that aids in substantial rehabilitation or new construction of rental or owner-occupied residences for low- and moderate-income families in impoverished areas or other areas*)

___ **Job Training** (*any type of instruction to individuals who reside in an impoverished area or for low- and moderate-income individuals that enables them to acquire vocational skills so that they can become employable or be able to seek a higher grade of employment*)

- C. What will be the impact on the impoverished area or low- and moderate-income people?

(*Please check all sections that apply and attach a brief explanation.*)

___ Empowerment of Citizens

___ Leverage Additional Funding for Impoverished Areas

___ Stabilization of Neighborhood

___ Increased Economic Development (i.e., increase in businesses or jobs in the area)

___ Affordable Housing

___ Asset Building (increased homeownership, opening of small businesses, etc.)

___ Education of Citizens (consumer education, civic or community building, financial education, etc.)

___ Other: Please describe



PART 1 - SECTION B

Please type or print clearly

To be completed by Non-Profit Neighborhood Organization requesting program eligibility.

Name of Organization: _____

Activity: _____

Name of Person filling out form: _____

Phone: _____ E-mail: _____

- A. What is the expected Budget for the activity? \$_____ (Provide a budget detailing how contribution will be used as appendix B)
- B. Additional funds needed to complete proposed activity: \$_____
- C. How will additional funds be raised? _____

- D. Will the activity continue after the funds generated by the use of the contribution or investments are expended? ___ Yes ___ No

If yes, describe how the activity will continue and how you anticipate that it will be funded.

- E. Identify the impoverished area being served (name of area, Federal Census Tract number, County) or how assistance will only be used to provide assistance to low- and moderate-income people.

F. Outline three to five major goals for the activity, with corresponding objectives.
(Objectives should be measurable)

G. Please provide a timeline for the completion of the activity funded with neighborhood assistance funds, including when a final report will be sent to DSHA. (Award of future credits to an organization will be dependent on final reports being received by DSHA in a timely manner.)

Signature: _____

Date: _____

Title: _____

Please attach the following documents to the application from the non-profit organization that is receiving the contribution:

Attachment A: Synopsis of Program activity and proposed contribution usage

Attachment B: Budget for Activity

Attachment C: Most recent IRS Tax Return or 990 Form (if applicable)

Attachment D: Most recent three years Audited Financial Statements (if available)

Attachment E: Board of Directors List

Attachment F: Annual Report (if available)

Attachment G: 501 (c)(3) Certificate

Attachment H: Non-Profit Organization's By-Laws



**DELAWARE STATE HOUSING AUTHORITY
NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT
APPLICATION - PART 2**

REQUEST FOR NEIGHBORHOOD ASSISTANCE ACT TAX CREDITS

Section A

Please type or print clearly

TO BE COMPLETED BY THE TAXPAYER REQUESTING THE TAX CREDIT

For individuals the minimum contribution amount is \$2,500.00. For businesses the minimum contribution amount is \$10,000.00. Maximum contribution amount for both individuals and businesses is \$100,000.00. For taxpayers that are unable to claim the entire NAA tax credit the first year, the taxpayer may apply these credits to any Delaware tax liability over a period of five years, or until the credits are fully utilized before the five-year deadline.

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.

Taxpayer: _____ Individual Corporation

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Federal Tax Identification Number (Corporations): _____

Social Security Number (Individuals): _____

Daytime Telephone Number: _____

E-mail (optional): _____

Organization receiving donation: _____

Amount of donation: \$ _____ Value of Credit: \$ _____*

***Attach verification of contribution (for example, canceled check with photo copy of front and back).**

NOTE: DSHA recommends that taxpayers consult with a professional accounting and tax services firm prior to making contributions for NAA credits.

FOR DSHA USE ONLY

Approved by: _____ Credit Amount: \$ _____ Date: _____

07/01/13



**DELAWARE STATE HOUSING AUTHORITY
NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT
APPLICATION - PART 2**

CERTIFICATION OF NEIGHBORHOOD ASSISTANCE ACT TAX CREDITS

Section B

Please type or print clearly

TO BE COMPLETED BY THE NON-PROFIT ORGANIZATION THAT RECEIVED DONATION OR DIRECT SERVICES:

Non-Profit name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date that Contribution was received: ___/___/___

Neighborhood Assistance Activity: _____

Contributor: _____

Type of contribution :

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Financial | Value of contribution \$ _____ |
| <input type="checkbox"/> In-kind | Value of contribution \$ _____ |
| <input type="checkbox"/> Goods and Services | Value of contribution \$ _____ |

Total value of Contribution: \$ _____

I _____ (President of non-profit organization) do hereby certify that _____ (name of organization) received a donation in the amount of \$ _____ and this donation was used for the neighborhood assistance described above.

Signature _____ Title _____

Date ___/___/___



**DELAWARE STATE HOUSING AUTHORITY'S (DSHA)
NEIGHBORHOOD ASSISTANCE ACT
TAX CREDIT STATUS REPORT ***

**(To be completed by Non-Profit Organization nine months after receiving DSHA'S
acknowledgement of Tax Credit Award)**

PART I

Name of Organization: _____

Activity receiving NAA contribution: _____

Name of taxpayer awarded NAA Tax Credit: _____

Value of total contribution \$ _____

NAA Tax Credit amount awarded \$ _____

PART II

To be completed by the non-profit and returned to DSHA by _____

A. What type of the neighborhood assistance was provided?

Financial contribution

Amount provided \$ _____

Date provided _____

In-kind contribution of goods

Value of goods \$ _____ (Include a statement of method used to
determine value)

Date provided _____

*This form requests information about the taxpayer's contribution and the non-profit organization's use of the contribution. The non-profit organization is requested to complete the status report and provide details concerning how the contribution has been used. Please complete this form and return to DSHA within two weeks of receipt.

In-kind contribution of goods

Value of goods \$ _____ (Include a statement of method used to determine value)

Date provided _____

In-kind contribution of services

Value of services \$ _____ (Include a statement of method used to determine value)

Date provided _____

Value of total contribution \$ _____

B. What is the impact of the neighborhood assistance contribution on the impoverished area or low- and moderate-income families?

(Please check all sections that apply and provide a brief explanation)

_____ **Status Report no Impact to date**

_____ Empowerment of Citizens

_____ Leverage Additional Funding for Impoverished Areas

_____ Stabilization of Neighborhood

_____ Increased Economic Development (i.e., increase in businesses or jobs in the area)

_____ Affordable Housing

_____ Asset Building (increased homeownership, opening of small businesses, etc.)

_____ Education of Citizens (consumer education, civic or community building, financial education, etc.)

_____ Other: Please describe

C. Please provide a brief summary including statistical data (if applicable) of how the neighborhood assistance contribution was expended. Examples of statistical data include but are not limited to – number of individuals/families assisted, and or housing units provided.

D. Will the program continue after the funds generated by the use of the contribution or investments are used? ____ Yes ____ No

E. Please look at the goals and objectives outlined in your application and answer the following questions for each goal:

- What were your results relative to the goals?
- If you met the goal, how did the neighborhood assistance contribution assist you in meeting the goal?
- If you did not meet the goals, what were the difficulties you encountered?
- What was the impact on the community or low- and moderate-income families?

F. Please indicate if contribution has been fully expended: Yes _____ No _____

If no, when do you anticipate contribution to be fully expended?

Signature: _____ Date: _____

Printed name: _____ Title: _____