**Form #: AHAP-250**

# Affordable Housing Assistance Program
# Increase Request Form

**Purpose:** To request additional Affordable Housing Assistance Program Tax Credits.

AHAP #: _____       Agency Name: _____

Current Reservation Amount: $_____       Current Allocated Amount: $_____

Increased Credit Requested:  $_____

Credit Request Type: ☐ Production Credits       ☐ Operating Assistance Credits

   **For Production Credit requests,** please indicate a reason:

   **For Operating Assistance Credit requests**, please indicate the category(ies) for which the donations will apply:

   ☐ Equipment/Office supplies    ☐ Salaries    ☐ Utilities    ☐ Maintenance/repair
   ☐ Professional Services *    ☐ Insurance    ☐ Property Taxes    ☐ Office Rent / Mortgage
   ☐ Other:  (please identify) _____

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

Are the donors already identified?    ☐ Yes    Please attach a list and letters of intent for each donor.
                                      ☐ No     Please attach an action plan to ensure the additional credits
                                               can be utilized prior to the deadline.

**Agency Approval**

Agency Signature: _____    Date: _____

**MHDC Approval Section**

☐  Increase request is approved in the amount of $_____.  Please remit a reservation fee of ½% or
    $_____ to MHDC within ten days of the date of approval.

☐  Increase request is denied.

Reason for denying the request:

AHAP Administrator: _____    Date: _____

Director of Community Programs: _____    Date: _____

Effective date:  06/03/24