**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 Program Development: Date: