



Affordable Housing Assistance Program Request for Reissuance of AHAP Benefit Certificate

Name of Donor: _____
 Phone number of Donor: _____
 Email of Donor: _____
 Name of Agency that received the donation: _____
 Amount of donation: _____
 Approximate date of donation: _____
 AHAP Project Number (if known): _____
 Original Benefit Number (if known): _____

I hereby request the Missouri Housing Development Commission (MHDC) reissue a copy of the AHAP tax credit Benefit associated with the information above:

NOTARIZED STATEMENT (TO BE COMPLETED BY THE DONOR IN THE PRESENCE OF A NOTARY)			
I have examined the above information in its entirety and believe it to be a true and accurate description of my/our contribution for the purpose of carrying out the Affordable Housing Assistance Program project approved by the Missouri Housing Development Commission. I attest I am authorized to execute this certification on behalf of the above-referenced taxpayer.			
<u>DONOR SIGNATURE</u>		<u>DONOR'S NAME (PRINTED)</u>	<u>NOTARY PUBLIC EMBOSSEOR OR BLACK INK RUBBER STAMP (IN CLEAR AREA BELOW)</u>
<u>STATE</u>	<u>COUNTY</u>	<u>MY COMMISSION EXPIRES</u>	
<u>SUBSCRIBED AND SWORN BEFORE ME,</u> THIS DAY OF YEAR			
<u>NOTARY PUBLIC SIGNATURE</u>		<u>NOTARY PUBLIC NAME (PRINTED)</u>	

I would like the requested document sent to:

Name: _____
 Street Address: _____ or Email Address: _____
 City, State, Zip Code: _____

This original form must be mailed to:

Mailed to: Missouri Housing Development Commission
 AHAP Tax Credit Department
 1201 Walnut, Suite 1800
 Kansas City, MO 64106

Please allow 2 weeks for processing from time MHDC receives form.