**Affordable Housing Assistance Program**

**Exchange of Uses Form**

**Purpose:** To request a change in the distribution of donations among eligible categories.

AHAP #:       Agency Name:

Total Reservation Amount: $      Total Donation Amount: $

|  |  |  |
| --- | --- | --- |
| **Category Type** | **Original Category Amount** | **Exchange Category Amount** |
| Office Supply/Equipment |  |  |
| Salaries |  |  |
| Utilities |  |  |
| Professional Services \* |  |  |
| Insurance |  |  |
| Maintenance/Repair |  |  |
| Property Taxes |  |  |
| Office Rent / Mortgage |  |  |
| Other:       |  |  |

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

**Reason for Redistribution of Donations between Categories:**

**Agency Approval**

Agency Signature: Date:

**MHDC Approval Section**

🞏 Exchange of uses is approved 🞏 Exchange of uses is denied

Reason for denying the request:

AHAP Administrator: Date: