**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. | | | | |
| **DONOR SIGNATURE** | | **DONOR’S NAME (PRINTED)** | | **NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP (IN CLEAR AREA BELOW)** |
| **STATE** | **COUNTY** | | **MY COMMISSION EXPIRES** |
| **SUBSCRIBED AND SWORN BEFORE ME,**  THIS       DAY OF       YEAR | | | |
| **NOTARY PUBLIC SIGNATURE** | | **NOTARY PUBLIC NAME (PRINTED)** | |

**I would like the requested document sent to:**

(Name)

(Street Address) or (Email Address)

(City, State Zip)

**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.