**Affordable Housing Assistance Program**

**Extension Request Form**

**Purpose:** To request an extension period from the established deadline to obtain all corresponding donations in fulfillment of the Affordable Housing Assistance Program tax credit reservation.

*Note: The Extension Request Form can only be completed for Production applications.*

AHAP #:       Agency Name:

Total Donation Amount: $

Reservation Amount used: $

Unused Reservation Amount: $

Original Reservation Deadline:       Requested Extended Deadline:

Reason for the extension request:

Agency’s plans to meet the requested deadline:

**Agency Approval**

Agency Signature: Date:

**MHDC Approval Section**

🞏 Extension is approved. New reservation deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Extension is denied

Comments:

AHAP Administrator: Date:

Director of Community Program Development: Date: