



# DELAWARE STATE HOUSING AUTHORITY NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT APPLICATION

## REQUEST FOR NEIGHBORHOOD ASSISTANCE ACT TAX CREDITS

### TO BE COMPLETED BY THE TAXPAYER REQUESTING THE TAX CREDIT<sup>1</sup>

I hereby apply for a NAA tax credit award for the contribution of goods, services or financial assistance under the State of Delaware Neighborhood Assistance Tax Credit Program. I hereby attest that the information provided is, to the best of my knowledge, correct, and that the neighborhood assistance provided is consistent with the work described in the Part 1 of the Neighborhood Assistance Tax Credit Application.

Taxpayer: \_\_\_\_\_  Individual  Corporation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal Tax ID Number (Corporation)/ Social Security Number (Individual): \_\_\_\_\_

Organization receiving donation: \_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_ Value of Credit: \$ \_\_\_\_\_\*

**\*Upload verification of contribution (for example, canceled check with photo copy of front and back).**

## CERTIFICATION OF NEIGHBORHOOD ASSISTANCE ACT TAX CREDITS

### TO BE COMPLETED BY THE NON-PROFIT ORGANIZATION THAT RECEIVED DONATION OR DIRECT SERVICES

Non-Profit Name: \_\_\_\_\_ **Habitat for Humanity of New Castle County** \_\_\_\_\_

Address: \_\_\_\_\_ 1920 Hutton Street \_\_\_\_\_ City: \_\_\_\_\_ Wilmington \_\_\_\_\_ State: DE \_\_\_\_\_ Zip: 19802

Phone: \_\_\_\_\_ 302-300-0533 \_\_\_\_\_ E-mail: \_\_\_\_\_ jkaravan@habitatncc.org \_\_\_\_\_

Contribution Received (Date): \_\_\_\_\_ Total Value of Contribution \_\_\_\_\_

Neighborhood Assistance Activity: \_\_\_\_\_ affordable housing \_\_\_\_\_

I \_\_\_\_\_ **Julie Karavan** \_\_\_\_\_ (Representative of non-profit organization) do hereby certify that \_\_\_\_\_ **Habitat for Humanity of New Castle County** \_\_\_\_\_ (name of organization) received a donation in the amount of \$ \_\_\_\_\_ and this donation was used for the neighborhood assistance described above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ CDO \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Minimum contributions- Individual donors: \$2,500.00 Business: \$10,000.00. Maximum contribution amount for both individuals and businesses is \$100,000.00 per year (\$50,000 credit) and \$200,000 (\$100,000 credit) over 3-year period. For taxpayers that are unable to claim the entire NAA tax credit the first year, the taxpayer may apply these credits to any Delaware tax liability over a period of five years, or until the credits are fully utilized before the five-year deadline.

FOR DSHA USE ONLY

Approved by: \_\_\_\_\_ Credit Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_