



**LCMS National Housing
Support Corporation**
(Lutheran Housing Support)

**AFFORDABLE HOUSING
ASSISTANCE PROGRAM (AHAP)
TAX CREDIT GIFT FORM**



I. DONOR INFORMATION

DONOR NAME

<u>CONTACT PERSON IF BUSINESS</u>	<u>DAYTIME TELEPHONE NUMBER</u> () - -	<u>EMAIL ADDRESS</u>
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<u>MAILING ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE + 4</u>
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TAXES ARE PAID BY
 CALENDAR YEAR FISCAL YEAR ____ TO ____

II. DONOR ELIGIBILITY

<u>INDIVIDUAL</u>	<u>BUSINESS</u>
<input type="checkbox"/> INDIVIDUAL REPORTING FARM INCOME <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM ROYALTIES OR RENTAL PROPERTY <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM A SOLE PROPRIETORSHIP, S-CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY	<input type="checkbox"/> CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> INSURANCE COMPANY

III. GIFT

It is my/our pleasure to support the LCMS National Housing Support Corporation's (hereinafter referred to as "Lutheran Housing Support") through the Missouri Housing Assistance Program (AHAP) tax credit program of the Missouri Housing Development Commission (MHDC).

I/We make a contribution in the amount and manner indicated below.

<u>AMOUNT OF GIFT (current value of stock or other securities)</u>	<u>DATE OF CONTRIBUTION (between Dec. 20, 2017, and April 30, 2018)</u>
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DESCRIPTION OF DONATION (if other than cash)

<u>DONOR SIGNATURE:</u>	<u>DATE:</u>
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Return Form to:

LCMS National Housing Support Corporation
(Lutheran Housing Support)
 1333 S. Kirkwood Rd.
 St. Louis, MO 63122
www.nationalhousingsupport.org
 314-996-1317
 Fax: 314-996-1128
john.albers@lcms.org