

## 2023 Application for Allocations to Eligible Transitional Home Organizations

For Individuals Only

Texpayer First Name (Spouse)  M. Initial  Last Name  Social Security Number  Bocial Security Number  Mailing Address (Number and Street, including Rural Route)  State  Texpayer First Name (Spouse)  M. Initial  Last Name  Social Security Number  Phone Number (Optional)  Phone Number (Optional)  Phone Number (Optional)  State  Email Address (Optional)  Phone Number (Optional)  Phone Number (Optional)  Phone Number (Optional)  State  S	APPLICANT INFO	ORMATION				(PLEASE TYPE C	R PRINT CLEARLY
Mailing Address (Number and Street, Including Rural Route)    State   Zip Code   Email Address (Optional)	Taxpayer First Name		M. Initial	Last Name		Social Security Number	
ELIGIBLE TRANSITIONAL HOME ORGANIZATION INFORMATION  House Bill 1671 of the 2023 Regular Session provides a credit against income tax and ad valorem tax on real property for voluntary contributions made to qualifying Eligible Transitional Home Organizations (ETHOs) by individuals. ETHOs provide temporary transitiousing to homeless persons aged twenty-five (25) and under, homeless families and/or homeless and/or referred unwed pregnant we with temporary shelter and facilitate their movement to permanent housing. The credit is limited to \$1,000,000 for calendar year 2023.  APPLICATION INFORMATION  The Department of Revenue will respond within 30 days from the receipt of this application. If a response is not received within 30 calendar days, p contact the Office of Tax Policy using the contact information below.  For applications with contributions that have been made, please attach the contribution documentation from the charitable organization verifying tealis of the contribution, this application. The documentation may be a letter or receipt and must include (1) the name of the organization, (2) the date of the contribution, (4) the amount of the contribution, and (5) a statement of whether any good and/or service or verified in exchange. If any good and/or service was provided in exchange for the contribution, then the documentation must include an itemized state of the retail or market value of the good and/or service.  For applications with contributions that have not yet been made, or where the contribution, then the documentation must include an itemized state of the retail or market value of the good and/or service.  For applications with contributions that have not yet been made, or where the contribution, then the documentation that was issued from the charitable organization to submit a copy of the documentation from the charitable organization, Applicants have 60 days from the date of this letter or until Deceiver of the contribution of the propertion is not submited to fire Department has not been e	Taxpayer First Name (S	pouse)	M. Initial	Last Name		Social Security Number	
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		Januarian Bato					
		Name of the Organization				Contribution Amt.	Contribution Date

## Applicant Name(s) / Signature(s)

I, the undersigned taxpayer(s), attest that the cash contribution(s) was/were made or will be made during the calendar year ending December 31, 2023. As indicated on this completed form, I hereby apply for an allocation of credits for contributions made to an Eligible Transitional Home Organization. I, also certify that the above statements are true and correct to the best of my knowledge and belief.

Signature of Taxpayer	Signature of Spouse (if applicable)	Date