



STATE OF MAINE
 MAINE REVENUE SERVICES
 24 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0024

ADMINISTRATIVE & FINANCIAL
 SERVICES

REBECCA M. WYKE
 COMMISSIONER

John Elias Baldacci
 GOVERNOR

JEROME D. GERARD
 ACTONG EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
 FOR A NONPROFIT HOUSING DEVELOPMENT ORGANIZATION
 DEVELOPING HOUSING FOR LOW-INCOME PEOPLE**

Name of Corporation _____

Name of Organization _____

Physical Location _____

Mailing Address _____

The statute reads, "Nonprofit housing development organization. Sales to nonprofit organizations for the development of housing for low-income people. PL 1989, c. 871, §15 (new)."

Has the organization received 501(c) nonprofit status from the IRS? Yes ___ No ___

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the IRS determination letter indicating 501 © nonprofit status
2. Copy of the Constitution and/or By Law, which indicates the purpose of organization
3. Please forward any publications issued by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

I hereby certify that _____ is a nonprofit housing development organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA §1760 (72).

Date: _____

Signature: _____

Tel: _____

Printed Name: _____

Fed ID: _____

Title: _____

STR-01

Date Facility Opened: _____