# NEIGHBORHOOD ASSISTANCE PROGRAM FOR EDUCATION (NAPE)2024-2025 APPLICATION – ASSURANCE STATEMENT

Provide the Name of Applicant:

After completing the entire application, please read the assurance statements below, which assure that the donations for which tax credits will be requested will benefit only low-income people and eligible students with a disability residing in the Commonwealth of Virginia and that all information provided in this application is accurate. If agreed to, this form must be signed by the Applicant’s President, Executive Director, or CEO.

*I, the undersigned officer or other person authorized to act on behalf of the Applicant, assure the Virginia Department of Education that I, and all individuals who will be assigned responsibility for managing donations for which tax credits will be requested, have read the Guidelines for the Neighborhood Assistance Act Tax Credit Program for Education. In addition, I assure the Virginia Department of Education that any tax credit-derived donations received under the Neighborhood Assistance Program for Education will be used to provide education services only to persons residing in the Commonwealth of Virginia whose family's annual household income is not in excess of 300 percent of the current federal poverty guidelines or to eligible students with a disability whose family's annual household income is not in excess of 400 percent of the current federal poverty guidelines, and will maintain documentation that demonstrates compliance with the household income requirements for at least ten years.*

*I, the undersigned officer or other person authorized to act on behalf of the organization, declare that this form (including all accompanying attachments and documentation) is, to the best of my knowledge and belief, a true, correct and complete application, made in good faith pursuant to the requirements prescribed by the Department of Education. I understand that if any portion of a timely filed application remains incomplete, notwithstanding portions of the application impacted by the thirty day extension afforded to financial statements as stated in the Guidelines, the application may be denied.*

**Name / Title (Please Type)**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**