



Department of Banking and Finance
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-5565

Bona Fide Nonprofit Determination Request and Annual Certification Form

Please use the form below to request the Department of Banking and Finance determine whether the requesting corporation meets the criteria established to be a bona fide nonprofit. Upon review and consideration of the request the Department will determine whether the nonprofit corporation satisfies the requirements of O.C.G.A. § 7-1-1001(a)(18) and Department Rule 80-11-5-.08.

This form will also be used to complete the annual certification required by the Department of Banking and Finance to determine whether the requesting corporation continues to meet the criteria established to be a bona fide nonprofit pursuant to O.C.G.A. § 7-1-1001(a)(18) and Department Rule 80-11-5-.08.

If the Department requires additional information from the nonprofit corporation, the primary contact listed below will be contacted.

Please do not use this form to update your address or other contact information. Use the Bona Fide Nonprofit Contact Information Update form to make changes to your address or other contact information.

Please check the appropriate box below:

- ☐ Original Determination Request ☐ Annual Certification (due by 12/31)

Identifying Information:

Corporation Name _____

State and Date of Formation _____

Physical Address of Principal Place of Business:

Street Address Line 1 _____

Street Address Line 2 _____

City, State, Zip Code _____

Phone Number _____

Website URL _____

Primary Contact Information:

Please list the name and contact information for the individual to whom the Department should direct its communications.

Contact Name and Title

Contact Mailing Address Line 1

Contact Mailing Address Line 2

Contact Mailing City, State, Zip Code

Contact Phone Number

Contact Email Address

Mission and Core Values:

Please state the corporation's mission and provide a description of its core values.

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O.C.G.A. § 7-1-1001(a)(18):

The above-named corporation satisfies the criteria set forth in O.C.G.A. § 7-1-1001(a)(18) by: (1) having the status of a tax-exempt organization under §501(c)(3) of the Internal Revenue Code of 1986; (2) promoting affordable housing; (3) conducting its activities in a manner that serves public or charitable purposes, rather than commercial purposes; (4) receiving funding and revenue and charging fees in a manner that does not incentivize it or its employees to act other than in the best interests of its clients; and, (5) providing or identifying for the borrower mortgage loan with terms favorable to the borrower.

- ☐ Above Criteria Met - O.C.G.A. § 7-1-1001(a)(18) Criteria Met - O.C.G.A. § 7-1-1001(a)(18)?
If you do not meet the above criteria, do not complete and submit this form to the Department.

Loan Terms and Characteristics:

The above-named corporation makes loans with the following characteristics. Please check ALL that apply:

- ☐ Loan terms that do not charge for the accrual of interest
- ☐ Loan terms that charge interest at below market rates
- ☐ Loan terms that require a borrower to qualify for the loan by contribution of sweat equity
- ☐ Loan terms that forgive repayment in whole or in part, whether over a period of time, on a specified date, or subject to ownership or occupancy conditions

Books and Records Location:

The books and records for the above-named corporation will be maintained at the following location:

- ☐ The Physical Address of the Principal Place of Business
- ☐ The Primary Contact's Mailing Address
- ☐ Other (Please complete the field below labeled "Books and Records Other Location")

Please provide the name and address of the individual who should be contacted with inquiries or to gain access to the records for the corporation.

Books and Records
Other Location

Additional Information:

Please use this space to provide any additional information you would like for the Department to consider in connection with the above-named corporation's request.

Attestation:

I swear (or affirm) as follows, that I executed this form on behalf, and with the authority, of the above-named corporation and said corporation agrees to and represents the following: (1) the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this request, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law; (2) the Department may conduct any investigation into the background of the corporation, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the request; (3) to update the information contained in this form on a timely basis to ensure the records of the Department related to said corporation remain current and accurate; and, (4) to comply with the provisions of law, including the maintenance of accurate books and records. If the corporation has knowingly made a false statement of a material fact in this request or in any documentation provided to support the foregoing request, then the foregoing request may be denied. I verify that I am the named person above and that I am authorized to attest to and submit this information on behalf of the corporation.

☐ I attest

This form was completed by:

Include the Name & Title of the Individual Completing this Form:

Contact Name and Title _____

Date Form Signed (mm/dd/yyyy) _____

Documents Required for Determination Request (not needed for Annual Certification):

Please attach the following documents as one file:

- *IRS Tax Exemption 501(c)(3) Letter – Copy of IRS letter confirming charitable non-profit status.*
- *Certificate of Authority/Good Standing Certificate: Upload a state- issued document (typically by the state's Secretary of State office) demonstrating that the corporation exists or is authorized to do business in the state.*
- *Articles of Incorporation*
- *Management Chart – An organizational chart showing the corporation's divisions, officers, directors and managers.*

Submit this form and supporting documents to: Latosha Rose at lrose@dbf.state.ga.us