



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 DOMESTIC VIOLENCE SHELTER OR RAPE CRISIS CENTER TAX CREDIT  
**APPLICATION FOR AGENCY ELIGIBILITY VERIFICATION**

LEGAL NAME OF THE ORGANIZATION	EXECUTIVE DIRECTOR
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MAILING ADDRESS

PHYSICAL ADDRESS

TELEPHONE NUMBER	CHARTER NUMBER (ISSUED BY THE SECRETARY OF STATE)
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CONTACT PERSON AND E-MAIL ADDRESS

**Information required to be considered as a qualified Domestic Violence Shelter or Rape Crisis Center eligible to receive contributions that may qualify for the Domestic Violence Shelter or Rape Crisis Center Tax Credit.**

1. A copy of the organization's certificate of incorporation;
2. Verification of Internal Revenue Services (IRS) tax exemption status (tax exemption certificate);
3. Brief description of the agency's primary business functions, including facility capacity and number of clients served annually (January-December).

**Select One**

\_\_\_\_\_ is a facility, located in this state, established for the purpose of providing temporary residential service or facilities to family or household members who are victims of domestic violence.

\_\_\_\_\_ a non-profit organization established and operating exclusively for the purpose of supporting a shelter for victims of domestic violence operated by the state or one of its political subdivisions

\_\_\_\_\_ is a community-based non-profit rape crisis center, as defined in section 455.003, located in this state that provides the twenty-four hour core services of hospital advocacy and crisis hotline support to survivors of rape and sexual assault.

In accordance with section 135.550, RSMo, I certify that the information provided above is true and accurate.

I agree to notify the Department of Social Services within thirty (30) days of any change in business functions that may affect my agency's qualifying status in this tax credit program.

EXECUTIVE DIRECTOR'S SIGNATURE	PRINTED NAME	DATE
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Remit to: Department of Social Services  
 Attention: Domestic Violence Shelter or Rape Crisis Center Tax Credit  
 P.O. Box 216  
 Jefferson City, MO 65102-0216

The Director shall inform each eligible domestic violence shelter or rape crisis center of its qualification status no later than thirty (30) days following July 1 of each fiscal year.

Once a shelter or center has been certified by the Department of Social Services, the organization's name will be added to the list of agencies that are eligible for the Domestic Violence Shelter or Rape Crisis Center Tax Credit. A complete list of eligible agencies is available on the Department of Social Services website: [www.dss.mo.gov](http://www.dss.mo.gov) or by writing to the address listed above.

**Agencies must submit application for recertification annually.**

**All incomplete or inaccurate applications will be returned to the Domestic Violence Shelter or Rape Crisis Center.**



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**INSTRUCTIONS**

1. Provide the organization's LEGAL name.
2. Provide the name of the agency's Executive Director.
3. Provide the organization's physical address in addition to a P.O. Box (if applicable).
4. Provide the organization's telephone number.
5. The agency's Charter Number issued by the Secretary of State.
6. Provide the name of a contact person (if different from the executive director) and email address.

**Supporting Documentation to be attached:**

1. A copy of certificate of incorporation.
2. Verification of Internal Revenue Service (IRS) tax exempt status.
3. A brief program description including the number of clients (adults and children) served annually (January-December) and the capacity of the facility.

All information should be submitted to:

Department of Social Services  
Attention: Domestic Violence Shelter or Rape Crisis Center Tax Credit  
P.O. Box 216  
Jefferson City, MO 65102-0216

**All domestic violence shelters or rape crisis centers must establish their eligibility on an annual basis. All facilities must submit the above information no later than June 1 of each calendar year to maintain their eligibility for the tax credit.**