To: David Ross  
   Human Resources Director  
   Box 12257  
   Harding University  
   Searcy, AR 72149

This will certify that I am recognized as a minister of the church of Christ and that I hold the appropriate license or recognition from the state.

In accordance with Revenue ruling 70-549, I hereby apply for a portion of my 2015 salary to be designated as a cash housing allowance by the Board of Harding University. I understand that the value of housing provided or the amount designated by the Board, whichever is the lesser of the two, will be the amount that I may exclude from my 2015 income. The following is anticipated for 2015.

**I CHOOSE TO PARTICIPATE IN THE MINISTER’S HOUSING ALLOWANCE PROGRAM FOR 2015.**

TOTAL CASH HOUSING ALLOWANCE REQUESTED  
(from line 12, Form Number 3)  
$ __________________

_______________________________________________  
Signature  

_______________________________________________  
Date  

_______________________________________________  
Please Print Name

**I DO NOT CHOOSE TO PARTICIPATE IN THE MINISTER’S HOUSING ALLOWANCE PROGRAM FOR 2015.**

_______________________________________________  
Signature  

_______________________________________________  
Date  

_______________________________________________  
Please Print Name
This is authorization for the Payroll Office of Harding University to withhold the following amounts on a monthly basis:

Federal Income Tax  $ ___________________ each month
State Income Tax    $ ___________________ each month

SS# __________________________

______________________________  Signature

______________________________  Date

______________________________  Please Print Name
**Estimated Minister’s Housing Allowance**

Date of purchase: _______________

FMV of home you own: $______________

1. Rent or principal payments*  
2. Taxes  
3. Interest  
4. Insurance  
5. Repairs & upkeep  
6. Furniture, appliances, etc.  
7. Decorator items  
8. Utilities  
9. Miscellaneous supplies  
10. **Total**  

11. Fair Rental Value computation  
    Compute in year of purchase and in any year of major expense. (Homeowners only)  
    a) FRV of Home (1% of FMV x Number of Months)  
    b) FRV of Furniture  
    c) Decorator items  
    d) Utilities  
    e) Miscellaneous  
    f) **Total**  

12. Lessor of line 10 or line 11f  

**NOTE: IRS allows the lessor of:**  
   (1) Your estimate (can not exceed annual salary)  
   (2) Fair rental value  
   (3) Actual expense  

*Payments on home equity loans for cars, boats, etc., can not be included in house payments.*
CERTIFICATE OF ORDINATION

State of ______________________
County ______________________

This is to Certify that __________________________________________________
of ______________________ is an ordained minister of the church of Christ, authorized
to perform all the services of the ministry.

Signed ______________________
(Enter name of congregation here.)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Acknowledgment

Subscribed and sworn to or affirmed before me, a notary public in and for the county
of ______________________, state of ______________________ on this the
day of ______________________, 20____.

Signed ______________________
Notary Public

My Commission Expires: ______________________