

**STATE HISTORIC REHABILITATION TAX CREDIT  
SECTIONS 4 AND 5 COMPLETED PROJECT APPLICATION**



<b>Note:</b>	Refer to the Instructions to fill out the form. All fields on the form must be completed if applicable or the form will be returned.	FY	Q ORDER	OHP No.	
				NPS No.	

**1. Historic Property** Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Historic District to which property contributes: \_\_\_\_\_

**2. Project Contact** (if different from applicant)  
 Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**3. Applicant**

I attest that the information I have provided is, to the best of my knowledge, correct, and that:

- I am the owner of the above-described property within the meaning of "owner" set forth in CCR 4859.02(k), and/or
- if I am not the fee simple owner of the above described property, the fee simple owner is aware of the action and has no objection, as noted in a written statement by the owner, a copy of which (i) either is attached to this form and incorporated herein, or is previously submitted, and (ii) meets the requirements of CCR 4859.02(k).

I understand that knowing and willful falsification of factual representations in this application is considered a felony under California Penal Code Section 115 and may subject me to fines and imprisonment of up to three years.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Entity: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*continued on next page*

**OHP Official Use Only Section 4**

The OHP has reviewed the Completed Application Section 4 for the above-named property and has determined:

- the completed rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation and is consistent with the historic character of the property and, where applicable, the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." This certification is to be used in conjunction with appropriate State Tax regulations. Questions concerning specific tax consequences or interpretations of the Franchise Tax Board should be addressed to the CTCAC. Completed projects may be inspected by an authorized representative of the SHPO to determine if the work meets the Standards for Rehabilitation. The SHPO reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's Standards for Rehabilitation.
- the rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located, and that the project does not meet the Secretary of the Interior's Standards for Rehabilitation.

Date \_\_\_\_\_ Julianne Polanco, State Historic Preservation Officer  
 OHP Comments Attached



**4. Project Data** (for phased projects, data entered in this section must be totals for entire project)

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

# of dwelling units before/after rehabilitation: \_\_\_\_\_ / \_\_\_\_\_

# of low-moderate income dwelling units before/after rehabilitation: \_\_\_\_\_ / \_\_\_\_\_

Total construction cost (QRE+nonQRE) \_\_\_\_\_ Final rehabilitation cost (QRE): \_\_\_\_\_

**5. Application category and fee**

Select one: \_\_\_\_\_ Final Total fee: \_\_\_\_\_ Due with Completed Application: \_\_\_\_\_

Qualified residence \_\_\_\_\_

I attest that I own and occupy, or will occupy within two years, the subject qualified residence, and that my modified adjusted gross income is \$200,000 or less.

Qualified rehabilitation expenditure under \$1,000,000 \_\_\_\_\_

Qualified rehabilitation expenditure \$1,000,000 or more \_\_\_\_\_

**6. Data required for legislative analysis** All fields must be filled out. If a field does not apply, indicate "0".

1. Estimate the number of jobs contributing to the project:

_____ Architects	_____ Tradespeople/contractors	_____ Roofers
_____ Engineers	_____ Skilled Craftspeople	_____ Foundation supply/repair
_____ Architectural Historians	_____ Electricians	_____ Local Vendors of Products
_____ Tax or Financial Consultants	_____ Plumbers	_____ Other

2. Estimate the state, local and property tax increase represented by the completed rehabilitation:

State tax: \_\_\_\_\_ Local tax: \_\_\_\_\_ Property tax: \_\_\_\_\_

3. List any additional incentives, grants or contributions by federal, state or local governments used for the rehabilitation by source and dollar amount. If more space is needed, continue on a second page.

\_\_\_\_\_

\_\_\_\_\_

4. Select the public benefit of the rehabilitated Qualified Residence:

The residence is associated with a major event  The residence embodies distinctive characteristics

The residence yields or may yield information.  The residence is associated with a significant person

The residence is a contributor to a historic district associated with one or more of the criteria above.

**CTCAC Official Use Only Section 5**

The applicant has provided the cost certification documentation required to receive (20%)(25%) of the certified Qualified Rehabilitation Expenditures (QREs) as declared in Number 4. Projects with QREs in excess of \$250,000 have certification issued by a licensed certified public accountant.

Remit fee to CTCAC within 10 days after receiving notification of OHP transfer to CTCAC.

Tax credit amount approved: \_\_\_\_\_ Administrative Fee: \_\_\_\_\_



\_\_\_\_\_ Date \_\_\_\_\_ Executive Director, CTCAC

**SECTION 5 COST CERTIFICATION DOCUMENT**

	QUALIFIED RESIDENCE COST	COMMERCIAL COST	TOTAL PROJECT COST	QUALIFIED REHABILITATION EXPENDITURES (QRE)
PROJECT COSTS				
REHABILITATION				
ARCHITECTURAL FEES				
CONSTRUCTION INTEREST & FEES				
PERMANENT FINANCING AND FEES				
LEGAL FEES				
APPRAISAL				
<b>TOTAL PROJECT COSTS</b>				
OTHER PROJECT COSTS				
CTCAC PROCESSING/ADMIN FEES				
Permit Processing Fees				
Capital Fees				
Furnishings				
Accounting/Reimbursables				
Other: (Specify)				
Other: (Specify)				
Other: (Specify)				
Other: (Specify)				
<b>TOTAL OTHER PROJECT COSTS</b>				
<b>TOTAL ALL PROJECT COSTS</b>				

**Certification by Owner/Applicant**

As owner(s) or applicant of the above-referenced project, I certify under penalty of perjury, that the project costs contained herein are, to the best of my knowledge, accurate and actual costs associated with the rehabilitation of this project. I authorize the California Tax Credit Allocation Committee to utilize this information to calculate the State Historic Rehabilitation Tax Credit.

\_\_\_\_\_  
Signature of Owner/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Signatory

**Certification by licensed certified public accountant**

As the tax professional for the above-referenced project, I certify under penalty of perjury, that the costs and QRE are accurate as listed in this Cost Certification.

\_\_\_\_\_  
Signature of licensed certified public accountant

\_\_\_\_\_  
Date