

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



Note:	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				
TOTAL PROJECT COSTS				
OTHER PROJECT COSTS				
CTCAC PROCESSING/ADMIN FEES				
Permit Processing Fees				
Capital Fees				
Furnishings				
Accounting/Reimbursables				
Other: (Specify)				
Other: (Specify)				
Other: (Specify)				
Other: (Specify)				
TOTAL OTHER PROJECT COSTS				
TOTAL ALL PROJECT COSTS				

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