

**STATE HISTORIC REHABILITATION TAX CREDIT
SECTIONS 1, 2 AND 3 INITIAL 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: _____
☐ California Register District ☐ California Register Property ☐ Federal Part 1 application submission

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 this application and
☐ has no objection, as noted in a written statement from 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 willful falsification of 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 1

The OHP has reviewed the Initial Application Section 1 for the property above and has confirmed it:

- ☐ is listed individually or contributes to the above-named district on the California Register and is a "certified historic structure" for rehabilitation purposes.
☐ is not listed on the California Register or has been determined as a non-contributor to a District.

Date _____ ☐ OHP Comments attached _____ Julianne Polanco, State Historic Preservation Officer

OHP Official Use Only Section 2

The OHP has reviewed the Initial Application Section 2 for the above-named property and has determined that:

- ☐ the rehabilitation described herein is consistent with the historic character of the property and/or with the district in which it is located and that the project meets the Standards for Rehabilitation. This letter is a preliminary determination only, since formal certification of rehabilitation can be issued only to the owner after rehabilitation completion.
☐ the proposed rehabilitation will meet the Standards for Rehabilitation if the attached conditions are met.
☐ 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 Standards for Rehabilitation.

Date _____ Julianne Polanco, State Historic Preservation Officer

☐ OHP Comments attached

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4. Section 1 Confirmation of California Register Listing [type 'X' in applicable boxes]

The building contributes to the significance of the above named historic district or is individually listed in the California Register for rehabilitation purposes.

Documentation that the building is submitted for a Federal Tax Credit Part 1 "Evaluation of Significance" and will continue state review once signed and returned by the NPS.

Documentation of California Register listing or approved signed Federal Part 1 form is attached.

Part 1 received by OHP: _____

Part 1 approved by NPS: _____ NPS No. _____

5. Section 2 Determination of Significance [type 'X' in applicable boxes]

☐ There are multiple buildings on the property. Describe their significance in the Section 2 Narrative.

Buildings on the property are functionally related. Describe related functionality in the Section 2 Narrative.

6. Section 2 Project Data (for phased projects, data entered in this section must be totals for entire project)

Estimated total cost: _____ Estimated total rehabilitation costs (QRE): _____

Number of buildings in project: _____ Floor area before/after rehabilitation _____ / _____

Start date (estimated): _____ Completion date (estimated): _____

Application includes _____ phase(s) Use before/after rehabilitation: _____ / _____

of dwelling units before/after rehabilitation: _____ / _____

of low-moderate income dwelling units before/after rehabilitation: _____ / _____

7. Application category and fee

Select one category:

Total estimated fee:

Due with Initial 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

8. 25% Bonus Criteria

Select which criteria are used to qualify for a 25% bonus credit. Qualification requirements are in the Instructions.

☐ Federal surplus property obtained through local agency under Government Code 54142

☐ Surplus state real property defined by Government Code 11011.1 ☐ Transit-oriented development

☐ Surplus land defined by Government Code 54221(b) ☐ Affordable housing for lower income households

☐ Designated census tract defined by Government Code 17053.73(b)(7) ☐ Military base reuse authority as per Government Code Title 7.86

9. Section 3 Applicant Tax Identification Number:

Applicant from number 3 above tax ID: TIN _____ SSN _____

CTCAC Official Use Only Section 3

(20%)(25%)of the estimated QRE listed in number 6 above: _____ Processing Fee: _____

Date _____

Executive Director, CTCAC

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