

STATE HISTORIC REHABILITATION TAX CREDIT
SECTIONS 1, 2 AND 3 INITIAL PROJECT APPLICATION



Table with 4 columns: Note, 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... [] I understand that willful falsification of this application is considered a felony... 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... [] is not listed on the California Register... 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... [] 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... Date Julianne Polanco, State Historic Preservation Officer [] OHP Comments attached RECEIVED OHP

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

