

**HISTORIC REHABILITATION TAX CREDIT APPLICATION**  
**PART 5 – REQUEST FOR ISSUANCE OF THE TAX CREDIT VOUCHER**

**Instructions:** This page must bear the applicant's original signature and must be dated. The CT SHPO's determination is based on the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form takes precedence.

**1. Property Name** \_\_\_\_\_ **SHPO Project Number** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Part 4 application submitted, date of application \_\_\_\_\_ Date of approval \_\_\_\_\_**2. Project data**This application covers: ☐ the entire rehabilitation or ☐ Phase \_\_\_\_\_ of \_\_\_\_\_ phases**For phased projects only:** Previous Voucher #(s) \_\_\_\_\_ Date Issued \_\_\_\_\_

Date of completed rehabilitation/placed in service \_\_\_\_\_

Total Qualified rehabilitation expenditures (QREs) \_\_\_\_\_

Amount of Tax Credit Requested: 25% of QREs \_\_\_\_\_ or 30% of QREs \_\_\_\_\_

**Required attachments**☐ Certification of Costs☐ Attachment 5A, schedule of values-Costs incurred☐ Declaration of restrictive land use covenants, for affordable housing projects only**3. Assignment of Tax Credit Voucher**

Voucher to be issued to the following (use continuation sheet as necessary):

☐ individual named as the owner of record ☐ business entity named as the owner of record☐ one or more contributing taxpayers named below or ☐ one or more multiple owners

Name of individual or business entity \_\_\_\_\_

Address: Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

SSN or FEIN \_\_\_\_\_ Percentage (or dollar value) of total tax credit \_\_\_\_\_

**4. Project Contact (if different from applicant)**

Name \_\_\_\_\_ Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**5. Applicant**

I HEREBY ATTEST THAT I AM THE OWNER OR AUTHORIZED AGENT OF THE OWNER OF THE BUILDING DESCRIBED ABOVE AND THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, CORRECT. I UNDERSTAND THAT FALSIFICATION OF FACTUAL REPRESENTATIONS IN THE APPLICATION MAY BE SUBJECT TO LEGAL SANCTIONS.

Name \_\_\_\_\_ Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Entity \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**6. Additional attachments**☐ Certificate of Title☐ Certificate of Legal Existence**FOR OFFICE USE ONLY**

Tax credit voucher # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date of issuance \_\_\_\_\_

**Mail original application to:**

SHPO/DECD

Historic Rehabilitation Tax Credit Program

450 Columbus Blvd, Suite 5

Hartford, CT 06103

## HISTORIC REHABILITATION TAX CREDIT APPLICATION

### PART 5 – REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

Property Name \_\_\_\_\_ SHPO Project # \_\_\_\_\_

Property Address \_\_\_\_\_

#### Attachment 5A: Schedule of values-Costs Incurred

| 1    | 2   | 3   | 4          | 5        | 6   | 7             |
|------|-----|---|------------|----------|---|---------------|
| LINE | DIV | DIV/TRADE ITEM  | INELIGIBLE | ELIGIBLE | Costs Incurred<br>Prior to Part 2<br>Approval | TOTAL EXPENSE |
| 1    | 2   | SITE TESTING/HAZARDOUS<br>MATERIALS                                     |            |          |   |               |
| 2    | 2   | ENVIRONMENTAL REMEDIATION:<br>SITE                                      |            |          |   |               |
| 3    | 2   | ENVIRONMENTAL REMEDIATION:<br>CERTIFIED HISTORIC STRUCTURE <sup>1</sup> |            |          |   |               |
| 4    | 2   | SITE GRADING & EXCAVATION <sup>2</sup>                                  |            |          |   |               |
| 5    | 2   | OTHER SITE WORK <sup>3</sup> specify<br>_____<br>_____<br>_____         |            |          |   |               |
| 6    | 2   | LANDSCAPING <sup>4</sup>  |            |          |   |               |
| 7    | 2   | SURFACE PARKING, ROADS AND<br>WALKWAYS                                  |            |          |   |               |
| 8    | 2   | GARAGES/ STRUCTURED PARKING<br>FACILITY                                 |            |          |   |               |
| 9    | 2   | DEMOLITION: SEPARATE BUILDINGS<br>AND/OR STRUCTURES                     |            |          |   |               |
| 10   | 2   | DEMOLITION: GENERAL <sup>5</sup>  |            |          |   |               |
| 11   | 2   | DEMOLITION: SELECTIVE <sup>6</sup>                                      |            |          |   |               |
| 12   | 2   | SITE UTILITIES  |            |          |   |               |
| 13   | 3   | NEW CONCRETE <sup>7</sup>   |            |          |   |               |
| 14   | 3   | CONCRETE REPAIRS  |            |          |   |               |
| 15   | 4   | MASONRY NEW, REPAIR and<br>REPOINTING                                   |            |          |   |               |
| 16   | 4   | CONCRETE/MASONRY CLEANING   |            |          |   |               |
| 17   | 5   | METALS  |            |          |   |               |
| 18   | 6   | ROUGH CARPENTRY   |            |          |   |               |
| 19   | 6   | FINISH CARPENTRY  |            |          |   |               |

<sup>1</sup> Includes abatement of hazardous materials, termite control, or mold

<sup>2</sup> Eligible work only if in conjunction with approved addition for building or life-safety code

<sup>3</sup> Includes hydrology systems and retaining walls

<sup>4</sup> Includes lawns, plantings, and fencing

<sup>5</sup> Includes all work to a certified historic structure required to remove deteriorated materials

<sup>6</sup> Includes only costs associated with approved removal of sections of the building owing to documented structural failure or for the purpose of new construction to recreate documented historic appearance

<sup>7</sup> Line items Nos. 13 through 17 refer only to work to the certified historic structure

<sup>8</sup> rental equipment includes dumpsters, scaffolds, etc.

## HISTORIC REHABILITATION TAX CREDIT APPLICATION

### PART 3 – REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

Property Name \_\_\_\_\_ SHPO Project # \_\_\_\_\_

Property Address \_\_\_\_\_

| LINE | DIV | DIV/TRADE ITEM                                    | INELIGIBLE | ELIGIBLE | Cost incurred prior to Part 2 approval | TOTAL EXPENSE |
|------|-----|---|------------|----------|--|---------------|
| 20   | 7   | MOISTURE PROTECTION                               |            |          |  |               |
| 21   | 7   | INSULATION  |            |          |  |               |
| 22   | 7   | ROOFING   |            |          |  |               |
| 23   | 7   | SHEET METAL                                       |            |          |  |               |
| 24   | 7   | SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, |            |          |  |               |
| 25   | 8   | DOORS AND HARDWARE                                |            |          |  |               |
| 26   | 8   | WINDOWS AND GLAZING                               |            |          |  |               |
| 27   | 9   | ACOUSTICAL TILE                                   |            |          |  |               |
| 28   | 9   | DRYWALL   |            |          |  |               |
| 29   | 9   | CERAMIC TILE                                      |            |          |  |               |
| 30   | 9   | WOOD FLOORING                                     |            |          |  |               |
| 31   | 9   | RESILIENT FLOORING                                |            |          |  |               |
| 32   | 9   | CARPETING   |            |          |  |               |
| 33   | 9   | PAINTING (INTERIOR AND EXTERIOR)                  |            |          |  |               |
| 34   | 10  | SPECIALTIES                                       |            |          |  |               |
| 35   | 11  | CABINETS & VANITIES                               |            |          |  |               |
| 36   | 11  | APPLIANCES  |            |          |  |               |
| 37   | 12  | BLINDS, SHADES, AND ARTWORK                       |            |          |  |               |
| 38   | 13  | SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS      |            |          |  |               |
| 39   | 13  | ADDITION: NON-CODE REQUIRED                       |            |          |  |               |
| 40   | 13  | ADDITION: CODE REQUIRED                           |            |          |  |               |
| 41   | 13  | ADDITION: HANDICAPPED ACCESS                      |            |          |  |               |
| 42   | 13  | NEW CONSTRUCTION: RECONSTRUCTION                  |            |          |  |               |
| 43   | 15  | ELEVATORS   |            |          |  |               |
| 44   | 15  | PLUMBING  |            |          |  |               |
| 45   | 15  | HVAC  |            |          |  |               |
| 46   | 15  | FIRE SUPPRESSION                                  |            |          |  |               |
| 47   | 16  | ELECTRICAL (BUILDING ONLY)                        |            |          |  |               |
| 48   |     | RENTAL EQUIPMENT, specify: 8                      |            |          |  |               |

## HISTORIC REHABILITATION TAX CREDIT APPLICATION

### PART 3 – REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

Property Name \_\_\_\_\_ SHPO Project # \_\_\_\_\_

Property Address \_\_\_\_\_

|    |     |  |  |  |  |  |
|----|-----|--|--|--|--|--|
| 49 |     | GREEN ROOFS  |  |  |  |  |
|    |     |  |  |  |  |  |
| 50 | N/A | TOTAL STRUCTURE AND LAND IMPROVEMENTS                      |  |  |  |  |
| 51 | N/A | PERMITS AND FEES   |  |  |  |  |
| 52 | N/A | CONTRACTOR BOND PREMIUM                                    |  |  |  |  |
| 53 | N/A | TOTAL CONSTRUCTION COSTS<br>Sum of LINES 50-52             |  |  |  |  |
| 54 | N/A | TOTAL INELIGIBLE COSTS: Column 4                           |  |  |  |  |
| 55 | N/A | TOTAL ELIGIBLE COSTS: Column 5                             |  |  |  |  |
| 56 | N/A | TOTAL COSTS INCURRED PRIOR TO<br>PART 2 APPROVAL: Column 6 |  |  |  |  |
| 57 | N/A | GENERAL REQUIREMENTS and<br>BUILDER'S OVERHEAD AND PROFIT: |  |  |  |  |
| 58 | N/A | <b>TOTAL QUALIFIED<br/>REHABILITATION EXPENDITURES</b>     |  |  |  |  |