

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

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Attachment 5A: Schedule of values-Costs Incurred

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

¹ Includes abatement of hazardous materials, termite control, or mold

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

³ Includes hydrology systems and retaining walls

⁴ Includes lawns, plantings, and fencing

⁵ Includes all work to a certified historic structure required to remove deteriorated materials

⁶ 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

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

⁸ rental equipment includes dumpsters, scaffolds, etc.

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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 _____				

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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 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 PART 2 APPROVAL: Column 6				
57	N/A	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT: Not to exceed 15% of LINE 55				
58	N/A	TOTAL QUALIFIED REHABILITATION EXPENDITURES Sum of LINES 55 and 57				