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Connecticut Historic Homes Rehabilitation Tax Credit Program

**Building Information**

**Street:**

**Town/City:**

**Zip Code:**

**Historic Name (if any):**

**Year built:**

**Building Owner**

 **First and Last Names:**

 **Telephone Number:**

 **E-mail Address:**

 **Are you a State of Connecticut Tax payer? *Yes|No***

**Non-profit Housing Corporation**

 **Name of Organization:**

 **FEIN:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voucher total:**

**Voucher number:**

**Project number:**

**Notary Stamp:**

**OWNER TO COMPLETE THIS SECTION ONLY IN PRESENCE OF PUBLIC NOTARY**

**Check one:**

* **As the owner of the historic property named above, I hereby agree to occupy the historic property as my primary residence during the five year occupancy period required in CGS 10-416.**
* **As the owner of the historic property named above, I hereby agree to convey the historic property to a new owner who will occupy the historic property during the five-year occupancy period required in CGS 10-416.**

**Signature of Owner: Date:**

* **In accordance with State of Connecticut regulations Sections 10-320j-9(a) and (d), I hereby attest that the taxpayer named above is contributing to the rehabilitation of the above-listed historic property.**

**Signature of Notary: Date:**

**Location:**