#### ITC FORM 300C REV. 03/2021

# Connecticut

### HISTORIC REHABILITATION TAX CREDIT APPLICATION PART 4 – REQUEST FOR FINAL CERTIFICATION OF COMPLETED REHABILITATION

**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    |      |        |     |
|    | Date of tax credit reservation                                 |  | Reservation Number     |        |      |        |     |
|    | Will the proposed rehabilitation apply to the federal historic |  | ax incentives program? |        | □Yes |        | □No |
| 2. | Project Data   |  |                        |        |      |        |     |
|    |  | □the entire rehabilitation<br>tation/placed in service | or                     | □Phase | of   | phases | i   |

# Enter data below if different than the approved Part 2 Application-Request for Approval of Proposed Rehabilitation Plan

| Number of buildings in project                            | Floor area before/after | /               |  |  |
|---|-------------------------|-----------------|--|--|
| Square footage residential/nonresidential                 | /                       | Est. start date |  |  |
| Number of residential units before/after rehabilitation / |                         |                 |  |  |
| Number of low to moderate income units before             | e/after rehabilitation  | /               |  |  |

#### 3. Project Contact (if different from applicant)

| Name   | Company           | Company |  |  |
|--------|-------------------|---------|--|--|
| Street | City              | State   |  |  |
| Zip    | <br>Email Address |         |  |  |

#### 4. 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    | Date  |
|------------------|---------------|-------|
| Applicant Entity | SSN/TIN       |       |
| Street           | City          | State |
| ZipTelephone     | Email Address |       |

# 5. Attachments

 $\hfill\square$  Form A - Contractor and Subcontractor Spreadsheet

- □ Photographs and Photo Key
- $\Box$  Certificate of Occupancy issued by local building official

□ Statement of Authorization to Apply