Instructions

* Please answer the questions below.
* Hand-written applications will not be accepted.
* Applications should be completed using Microsoft Word only.
* Please paste the required photographs into this document.
* Applications will only be accepted by email. Please send the application as an attachment to Erin Fink at Erin.Fink@ct.gov.
* Screen-shots and PDFs as attachments will not be accepted.
* A confirmation receipt will be sent by email within 48 hours.
* Please allow 30 days for review.
* Additional program information can be found here: <https://portal.ct.gov/DECD/Content/Historic-Preservation/02_Review_Funding_Opportunities/Tax-Credits/Historic-Homes-Rehabilitation-Tax-Credit>

**Required Information**

Homeowner’s Full Name:

Address of Historic Property (Number, Street Address, City/Town):

Homeowner’s Email Address:

Homeowner’s Phone Number:

Who is completing this application (homeowner, consultant, non-profit housing corporation):

 Consultant’s Full Name and Company Name:

 Consultant’s Email Address:

Housing Corporation Name:

Housing Corporation FEIN:

Date of Part 2 Application Approval:

Project # assigned:

Reservation # assigned:

Please complete the following table:

|  |  |  |
| --- | --- | --- |
| Project  | Final Cost: | Check # or Receipt Date: |
| Example: Project 1, 13 Windows | Benson Restoration, $28,000 | Check #221113 |
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|  |  |  |
|  |  |  |
|  | Total: |  |

Project 1 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

Project 2 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

Project 3 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

Project 4 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

Project 5 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

Project 6 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

Project 7 name:

Paste representative photo of completed work here:

Paste photo of canceled check or associated receipts:

STAFF USE ONLY:

Did the work meet the Historic Preservation Standards?

|  |  |
| --- | --- |
| Total from receipts | $ |
| Final voucher amount | $ |
| Fee by C-Corp | $ |
| Amount owed to homeowner |  | $ |

Project #:

Voucher #:

Date:

Signature: