

AMENDMENT

USE THIS FORM AS NEEDED TO NOTIFY HPD IF CHANGES ARE TO BE MADE TO THE PROJECT SCOPE-OF-WORK AS APPROVED IN THE PART A APPLICATION.

STATE PREFERENTIAL PROPERTY TAX ASSESSMENT PROGRAM FOR REHABILITATED HISTORIC PROPERTY

Check here for property tax assessment freeze program

STATE INCOME TAX CREDIT PROGRAM FOR REHABILITATED HISTORIC PROPERTY

Check here for state income tax credit program

1. Property information:

Historic name of property (if known): _____

Address: _____ City: _____ County: _____ Zip: _____

2. Describe project changes (attach additional pages as needed):

3. Send this application and any additional items that pertain to this amendment to TAX INCENTIVES PROGRAM, GEORGIA DCA - HPD, 60 EXECUTIVE PARK SOUTH, NE, ATLANTA, GA 30329. See attached instructions for details regarding application materials. **This application will not be reviewed unless it is complete with the following (please check):**

Original plus one copy of all pages of this application form.

TWO sets of any color photographs, photo keys, floor plans, drawings, or other materials used to demonstrate the changes described in the Amendment. (see *Photo-Documentation Guidelines*)

4. Project contact (the person who prepared this form if other than the property owner):

Name: _____ Company/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone number: _____ Cell phone number: _____ E-mail: _____

5. Property owner:

Name: _____ Company/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone number: _____ Cell phone number: _____ E-mail: _____

Owner's Signature: _____ Date: _____

DCA OFFICIAL USE ONLY

- This project amendment meets DCA's *Standards for Rehabilitation*.
- This project amendment meets DCA's *Standards for Rehabilitation* if conditions are met. (see attached for explanation)
- This project amendment does not meet DCA's *Standards for Rehabilitation*. (see attached for explanation)

DATE

DEPARTMENT OF COMMUNITY AFFAIRS AUTHORIZED SIGNATURE

(07/2020)

AMENDMENT (CONTINUED)

Historic name of property (if known): _____

Address: _____ City: _____ County: _____ Zip: _____

2. Describe project changes (continued):