



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House • 150 Benefit Street • Providence, R.I. 02903-1209

TEL (401) 222-2678 FAX (401) 222-2968
TTY (401) 222-3700 Website www.rihphc.state.ri.us

2013 HISTORIC PRESERVATION TAX CREDIT
PART 2 Application: Request for Certification of Proposed Rehabilitation (2013)
(Complete this form *in addition to* the Federal PART 2 form)

[Application Number (Office use only) _____]

Name of property _____

Street address of property _____

City _____ State _____ Zip code _____

Name of Project Contact Person _____

Mailing Street address _____

City _____ State _____ Zip code _____

Daytime telephone _____ E-mail _____

Has a Part 1 Application (Request for Historic Certification) previously been submitted for this project? No ___ Yes ___ If yes, date Part 1 was submitted _____

If not, is Part 1 being submitted with this Part 2? Yes ___ No ___

Tax Exempt Property: Under the provisions of RI General Laws 44-3-3, is this property exempt from payment of real property taxes? No ___ Yes ___

(This Form is continued on page 2)

Project Information

Adjusted Basis: State the adjusted basis for the property on or after July 3, 2013.

\$ _____

Qualified Rehabilitation Expenses that will be incurred on or after July 3, 2013.

\$ _____

Tax Credit Percent (20 percent or 25 percent)

(If 25 percent, submit documentation showing area provided for a trade or business)

_____ Percent

Tax Credit Allocation

(not more than \$5,000,000)

\$ _____

Estimated Project Start Date

Estimated Project Completion Date

(Attach reasonably detailed project timeline)

Phased Projects: Is this a phased project? No ___ Yes ___ Number of Phases _____

(If yes, submit a phasing schedule that identifies planned beginning and ending dates for each phase and describes an identifiable portion of the project that will be completed in each phase.)

(This Form is continued on page 3)

Assurances

I am applying for Rhode Island Historic Preservation Tax Credits in accordance with RI General Law 44-33.6 and the regulations issued by the RI Division of Taxation and the RI Historical Preservation & Heritage Commission.

I will commence substantial construction within twelve (12) months of approval of this application by RIHPHC, and I will not allow this project to remain idle for a period of time exceeding six (6) months.

If hard construction costs for this project are valued at ten million dollars (\$10,000,000) or more, I will assure that any contractor and any subcontractor working on the project shall have an apprenticeship program as required by 44-33.6-8.

Upon completion of this project, I will provide the following information to RIHPHC and the Division of Taxation:

- (1) Amount of qualified Rehabilitation Expenditures;
- (2) Amount of additional expenses not included as Qualified Rehabilitation Expenditures (and not including cost of acquisition of the property)
- (3) Number of total jobs created;
- (4) Cost of Construction Labor;
- (5) Number of Rhode Island businesses retained for work;
- (6) Cost of materials or products purchased from Rhode Island businesses;
- (7) Amount of Rhode Island Sales Taxes paid;
- (8) Property tax assessed value at the beginning of the project;
- (9) Property tax assessed value at the end of the project
- (10) Use of the property before and after rehabilitation;
- (11) Number of housing units rehabilitated;
- (12) Gross square feet of commercial space rehabilitated.

I understand that the work performed on this project must comply with the Standards for Historic Rehabilitation issued by the Secretary of the Interior as interpreted by the Rhode Island Historical Preservation & Heritage Commission.

(This Form is continued on page 4)

Applicant Information

Name of Applicant _____

Organization _____

Social Security Number or Taxpayer Identification Number _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Daytime telephone _____ E-mail _____

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Applicant Date

Owner's Information: If the rehabilitation expenditures are to be incurred by a lessee or anyone other than the fee owner, provide the following

Name of Owner _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Daytime telephone _____ E-mail _____

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Owner Date