



This Amendment form may be used to amend any part of the application for the 2017 Alabama Historic Rehabilitation Tax Credit program. The first page of the form must appear exactly as below and must bear the applicant's original signature. Summarize changes to previously submitted parts of the application in the space provided.

1. Property name: _____

Street Address: _____

City: _____ County: _____ State: Alabama Zip: _____

2. This form amends: Part A; Part B; Part C

See attachments

3. Applicant Name:

Organization: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security/Taxpayer ID# (If Amending Part C Only): _____

Ownership Status: Hold Title Owns a lease-hold interest for a term not less than 39 years Option to purchase

4. Project Contact (if different than applicant): _____

Organization: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

5. I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.

****Original signature of applicant required****

Signature: _____ Date: _____

AHC PROJECT NUMBER: _____

Amendment Form

Property name: _____

Property address: _____
