



This is the third and final part of a three-part application for the Alabama Historic Rehabilitation Tax Credit program. This application is used to determine if the completed project meets the Secretary of Interior’s Standards for Rehabilitation. The first page of the form must appear exactly as below and must bear the applicant’s original signature. All sections must be complete and all attachments submitted or the application will be determined incomplete.

1. Property name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: Alabama Zip: \_\_\_\_\_

2. Applicant Name:

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security/Taxpayer ID#: \_\_\_\_\_

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

3. Project Contact (if different than applicant): \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Project data:

Income-producing use (up to 25% credit)

Personal residential use (up to 25% credit)

Actual start date: \_\_\_\_\_ Actual completion date: \_\_\_\_\_

Actual qualified rehabilitation expenditures: \_\_\_\_\_

Actual non-qualified rehabilitation expenditures: \_\_\_\_\_

Tax credit amount reserved: \_\_\_\_\_

Number of actual jobs created during rehabilitation: \_\_\_\_\_

Approximate number of jobs created post-rehabilitation: \_\_\_\_\_

Actual square footage after rehabilitation: \_\_\_\_\_

Actual building use after rehabilitation: \_\_\_\_\_

Appraisal amount after rehabilitation: \_\_\_\_\_

5. Attachments/Enclosures (the following items must accompany this form)

Labeled photographs showing the condition of the building after the completion of work keyed to plans;

Post-rehabilitation site plan with photo directions indicated;

Post-rehabilitation floor plan(s) with photo directions indicated;

If total QRE is under \$200,000, submit a cost and expense certification prepared by a licensed certified public accountant that is not an affiliate of the owner certifying the total qualified rehabilitation expenditures and the total amount of tax credits against any state tax due;

If total QRE is over \$200,000, submit a cost and expense certification audited by the licensed certified public accountant;

Two copies of Post-Rehabilitation Appraisal prepared by an independent MAI designated and licensed real estate appraiser.

Certificate of Occupancy: Include a copy of a Certificate of Occupancy from the city in which the property is located. If the city does not issue a Certificate of Occupancy for the particular type of rehabilitation, then please include a letter from the appropriate city official indicating that this is the case.

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:** \_\_\_\_\_