



**HISTORIC PRESERVATION TAX CREDIT PROGRAM
FINAL APPROVAL FORM – FORM 2**

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY: **IF APPLICANT IS AN INDIVIDUAL TAXPAYER:**

Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> LLC	<input type="checkbox"/> Property Owner <input type="checkbox"/> Other (specify) _____
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NAME OF AUTHORIZED COMPANY OFFICIAL	TITLE	MAILING ADDRESS
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BUSINESS ADDRESS	CITY/TOWN
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CITY/TOWN	STATE	ZIP CODE	STATE	ZIP CODE
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TELEPHONE	FAX	TELEPHONE	FAX
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TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)	SOCIAL SECURITY NUMBER
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NAICS CODE (See Definitions in Guidelines)	BUSINESS SIZE (Number of Employees Including Company Owners)	SPOUSE SOCIAL SECURITY NUMBER (if applicable)
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EMAIL ADDRESS	EMAIL ADDRESS
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ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER	ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER
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HAS THE ENTITY/INDIVIDUAL (1a) EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

2. PROJECT CONTACT

Applicant Owner Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN	STATE	ZIP CODE
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TELEPHONE	EMAIL ADDRESS	FAX
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HAS THE 'CONTACT' EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

3. PROPERTY INFORMATION

NAME OF PROPERTY

ADDRESS

CITY/TOWN	STATE	ZIP CODE
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COUNTY		
PROPERTY (AFTER REHABILITATION) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Residential/Commercial <input type="checkbox"/> Governmental		
IF RESIDENTIAL, WILL THIS PROPERTY BE USED AS APPLICANT (1a) MAIN RESIDENCE AFTER THE REHABILITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)		
ADDRESS		
CITY/TOWN	STATE	ZIP CODE
TELEPHONE	FAX	
5. HISTORIC ELIGIBILITY		
IS THE PROPERTY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE PROPERTY LOCATED IN A CERTIFIED HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter name of Historic District below. Name of District: _____	
6. APPLYING FOR FEDERAL PROGRAM?		
<input type="checkbox"/> YES <input type="checkbox"/> NO (If also applying for federal program, remember to submit three copies of all application materials.)		
7. FINAL TAX CREDIT REQUEST		
PROJECT START DATE (month/day/year)	PROJECT COMPLETION DATE (month/day/year)	
TOTAL COST OF PROJECT (NOT INCLUDING ACQUISITION)	BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF PURCHASE PRICE IF NOT ALREADY PROVIDED	
ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)		
<input type="checkbox"/> Missouri Housing Development Commission \$ _____	<input type="checkbox"/> Brownfield \$ _____	
<input type="checkbox"/> Enterprise Zone \$ _____	<input type="checkbox"/> New Business Facility \$ _____	
<input type="checkbox"/> Federal Historic Preservation \$ _____	<input type="checkbox"/> Neighborhood Assistance \$ _____	
<input type="checkbox"/> Neighborhood Preservation \$ _____	<input type="checkbox"/> Youth Opportunity \$ _____	
<input type="checkbox"/> Local Community Development Block Grant \$ _____	<input type="checkbox"/> Community Development Block Grant \$ _____	
<input type="checkbox"/> Other (please specify program(s) and amount) _____		
8. USE OF PROPERTY: Complete one or both of the sections below, depending on the end use of the property.		
8a. If property will be entirely or partially commercial, retail, wholesale, or business use:		
NUMBER OF JOBS CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE CONSTRUCTION JOBS DURING PROJECT)		
IS THE PROPERTY RECEIVING TAX ABATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, for how long? _____		
8b. If property will be entirely or partially residential use:		
NUMBER OF HOUSING UNITS CREATED	TYPE OF HOUSING <input type="checkbox"/> SINGLE-FAMILY/OWNER <input type="checkbox"/> MULTI-FAMILY/OWNER <input type="checkbox"/> RENTAL	
WILL THE PROPERTY RECEIVE TAX ABATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, for how long? _____		
9. PARTICIPATING IN THE E-VERIFY PROGRAM?		
IS THE APPLICANT (BUSINESS ENTITY) ENROLLED AND PARTICIPATING IN THE E-VERIFY PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Missouri statutes (Section 285.525-285.555, RSMo) require any business entity receiving a state-administered tax credit to participate in a federal work authorization program, which enables employers to electronically verify employment eligibility with respect to employees working in connection with the activities that qualify the applicant for this program. To access the E-Verify website, go to: https://e-verify.uscis.gov/enroll		

10. NOT-FOR-PROFIT ENTITY INVOLVEMENT

DOES THE APPLICANT (1a) HAVE ANY **NOT-FOR-PROFIT ENTITY** AS PART OF ITS OWNERSHIP GROUP?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT OWNER(S) AND ITS PERCENTAGE OF OWNERSHIP OF THE APPLICANT.

DID ANY **NOT-FOR-PROFIT ENTITY** PROVIDE ANY SOURCE OF FUNDS FOR THIS PROJECT, INCLUDING, BUT NOT LIMITED TO LOANS, CAPITAL CONTRIBUTIONS AND/OR GRANTS?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY, THE AMOUNT OF FUNDS PROVIDED AND THE RELATIONSHIP BETWEEN THE NOT-FOR-PROFIT AND THE APPLICANT.

DID ANY **NOT-FOR-PROFIT ENTITY** INCUR OR PAY ANY REHABILITATION EXPENSES?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY, THE AMOUNT IT INCURRED OR PAID, AND THE RELATIONSHIP BETWEEN THE NOT-FOR-PROFIT ENTITY AND THE APPLICANT.

WILL THE HISTORIC TAX CREDITS ISSUED FOR THIS PROJECT BE DISTRIBUTED TO ANY **NOT-FOR-PROFIT ENTITY**?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY AND THE PERCENTAGE OF THE CREDITS THAT WILL BE DISTRIBUTED.

11. STRUCTURE BEING LEASED TO TAX EXEMPT ENTITY

WILL ANY PART OF THE PROPERTY BE LEASED OR SUBLEASED TO ANY TAX EXEMPT ENTITY?

YES NO

IF YES, PROVIDE THE NAME OF THE TAX EXEMPT ENTITY THAT WILL LEASE THE PROPERTY AND THE PERCENTAGE OF THE PROPERTY IT WILL LEASE.

Any participation by not-for-profit entities, including but not limited to ownership interest, capital contributions, distribution of tax credits, incurrence or payment of rehabilitation expenses, lease to a tax-exempt entity, may result in the reduction of tax credits.

12. HISTORIC TAX CREDIT – APPLICANT CERTIFICATION

1. I certify that I am an authorized representative of the applicant and, as such, am authorized to make the statement of affirmation contained herein.
2. The information submitted by the applicant to DED in connection with the rehabilitation is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The applicant hereby authorizes DED to verify such information.
3. Neither the applicant, nor any individual with an ownership interest in the applicant:
 - a. Has committed a felony, is currently under indictment or charged with a felony, or is currently on parole or probation;
 - b. Is delinquent with respect to any non-protested federal, state or local taxes or fees;
 - c. Has filed, or is preparing to file, for bankruptcy, unless otherwise disclosed to DED; or
 - d. Has failed to fulfill any obligation under any other state or federal program, including a failure to pay as agreed any accrual upon which tax credits were issued.
4. I will inform DED, if at any time before project completion, there is any change to the certifications made in paragraphs 3(a) through 3(d) of this statement of affirmation.
5. The applicant, and any vendors the applicant will utilize to perform the rehabilitation, are registered and in good standing with the Missouri Secretary of State's Office.
6. The applicant agrees to comply with any and all agreements made pursuant to the rehabilitation, upon which tax credits are issued.
7. I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
8. I certify that applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide to DED documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.
9. The applicant understands that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under sections 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
10. I understand that if the applicant is found to have employed an unauthorized alien, applicant may subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.

11. I certify that (check the applicable box):

I have included a copy of the executed E-Verify Program for Employment Verification Memorandum of Understanding between the company/organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and Social Security Administration.

I am not a business entity as defined in RSMo 285.525 (1) as “any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage or livelihood. The term “business entity” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “business entity” shall include any business entity that possesses a business permit, license, or tax certificate, issued by the state, any business entity that is exempt by law from obtaining such a business permit, any business entity that is operating unlawfully without such a business permit. The term “business entity” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.”

12. I hereby agree to allow DED, Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program.

13. By submitting this application, I acknowledge that the applicant shall comply with DED Historic Preservation Tax Credit Program requirements. I further acknowledge that the applicant’s failure to comply with the Program requirements shall result in the return to DED of any remaining unexpended tax credit proceeds and repayment to DED the monetary value of any expended tax credit proceeds.

14. I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge. I also realize that failure to disclose material information regarding the applicant, its owners, or any other pertinent facts may result in criminal prosecution.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
NOTARY PUBLIC EMBOSSEER SEAL	On this ____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledges and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	STATE OF		COUNTY
	NOTARY PUBLIC NAME	MY COMMISSION EXPIRES	USE RUBBER STAMP IN AREA BELOW
	NOTARY PUBLIC SIGNATURE		