



This is the second part of a three-part application for the Alabama Historic Rehabilitation Tax Credit program. The AHC uses this form and all required attachments to determine if a proposed project meets the Secretary of the Interior’s Standards for Rehabilitation. The first three pages of this form must appear exactly as below and must bear the applicant’s original signature. Use additional pages as necessary. All sections must be complete and all attachments submitted or the application will be determined incomplete. Part A, Part B, and half of the required review fee must be submitted at the same time.

I. Property name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: Alabama Zip: \_\_\_\_\_

2. Work completed before submission of this application:

- No work or qualified rehabilitation expenditures related to this rehabilitation project were incurred in the six months before submitting this application.
- Qualified rehabilitation expenditures related to this rehabilitation project were incurred in the six months before submitting this application under the following categories:
  - Architectural fees       Engineering fees       Land surveying fees       Protection from deterioration
  - Non-qualified rehabilitation expenditures related to this property were incurred in the six months before submitting this application.

*\*\*Use additional sheets as necessary to describe all work performed and provide before and after photographs.\*\**

3. Project Data:

- Purchase Price of Property (minus the value of the land): \$ \_\_\_\_\_
- Fair Market Total Value of the Property (Land and Buildings) BEFORE Rehabilitation as assessed by the local revenue commissioner: \$ \_\_\_\_\_

- Income-producing use (up to 25% credit)  
\$5,000,000 tax credit cap
- Personal residential use (up to 25% credit)  
\$50,000 tax credit cap

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_  
Estimated qualified rehabilitation expenditures: \_\_\_\_\_  
Estimated non-qualified rehabilitation expenditures: \_\_\_\_\_  
Tax credit amount requested: \_\_\_\_\_

*To calculate the tax credit, multiply estimated qualified rehabilitation expenditures x 25% (.25), not to exceed the cap.*

Square footage before rehabilitation: \_\_\_\_\_ Square footage after rehabilitation: \_\_\_\_\_  
Building use before rehabilitation: \_\_\_\_\_ Building use after rehabilitation: \_\_\_\_\_

4. Attachments/Enclosures

The following are submitted with this application:

- Site plan showing the proposed work to the site;
- Floor plan(s), elevations, and other drawings as necessary showing proposed work to the building;
- Other: \_\_\_\_\_

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: \_\_\_\_\_

**Part B - Description of Rehabilitation**

Property name: \_\_\_\_\_

Property address: \_\_\_\_\_

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The Historic Tax Credit Evaluating Committee will use the answers to the following questions to rank your project. Answer the questions as fully as possible and use additional pages as necessary.

6. Criteria:

a. What is the relative value of the project to the community?

b. How will this project maintain or improve the historic fabric of the community?

c. What is the possible return on investment for the community?

d. What county is the project located in? The AHC will develop a map that plots the location of each qualifying project to determine geographic diversity.

e. What is the strength of local support for the project?

f. Will this project receive any additional tax credits or state, federal, or local government grants for the construction of this project? If yes, explain.

**Part B - Description of Rehabilitation**

Property name: \_\_\_\_\_

Property address: \_\_\_\_\_

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The Historic Tax Credit Evaluating Committee will use the following summary of your scope of work to understand your project.

7. Summarize the rehabilitation work including the proposed new use, changes to the site, and exterior and interior repairs and alterations.

**Part B - Description of Rehabilitation**

Property name: \_\_\_\_\_  
Property address: \_\_\_\_\_

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*Use as many of these pages as necessary to describe the rehabilitation project. Applicant may attach National Park Service Part 2 in lieu of these pages.*

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**Number:** \_\_\_\_\_ **Feature:** \_\_\_\_\_ **Date of Feature:** \_\_\_\_\_

Describe existing feature and its condition:

Photo Numbers: \_\_\_\_\_ Drawing Numbers: \_\_\_\_\_

Describe proposed work and its impact on the feature:

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**Number:** \_\_\_\_\_ **Feature:** \_\_\_\_\_ **Date of Feature:** \_\_\_\_\_

Describe existing feature and its condition:

Photo Numbers: \_\_\_\_\_ Drawing Numbers: \_\_\_\_\_

Describe proposed work and its impact on the feature:

Continuation Sheet Attached