



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. Applicants should refer to the Program Instructions for detailed guidance on completing each section.

1. Property name _____

Street Address _____

City _____ County _____ State Alabama Zip _____

AHC Project Number _____

2. Applicant Name

Organization _____

Contact Person _____

Mailing Address _____

City _____ County _____ State: _____ Zip _____

Phone _____ Email _____

3. Ownership Status

Hold Title

Owns a lease-hold interest for a term not less than 39 years

4. Project Contact (if different than applicant) _____

Organization _____

Mailing Address _____

City _____ County _____ Zip: _____

Phone _____ Email _____

5. Final Project Data

Actual Start Date _____ Completion Date/Placed in Service Date _____

Actual Qualified Rehabilitation Expenditures _____

Actual Non-Qualified Rehabilitation Expenditures _____

Tax Credit Amount Reserved _____

Part C – Certification of Completed Work

Property name _____

Property address _____

Number of Actual Jobs Created During Rehabilitation _____

Approximate Number of Jobs Created Post-Rehabilitation _____

Number of Housing Units Created After Rehabilitation _____

Actual square footage after rehabilitation _____

Actual building use after rehabilitation _____

Appraisal amount after rehabilitation _____

6. Required Attachments

- Post-Rehabilitation photographs
- Photo Key consisting of post-rehab site and floor plans
- Cost and expense certification
- Post-Rehabilitation appraisal (two hard copies mailed to the AHC)
- Certificate of Occupancy

7. Applicant Signature

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

Signature _____ Date _____