ALABAMA HISTORICAL COMMISSION
THE STATE HISTORIC PRESERVATION OFFICE

ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM
PART C – CERTIFICATION OF COMPLETED WORK

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.

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1. Property name _____

Street Address _____

City _____ County_____ State Alabama Zip _____

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2. Applicant Name

Organization _____

Contact Person _____

Mailing Address _____

City _____ County _____ State: _____ Zip _____

Phone _____ Email _____

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3. Ownership Status

☐ Hold Title

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

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4. Project Contact (if different than applicant) _____

Organization _____

Mailing Address _____

City _____ County _____ Zip: _____

Phone _____ Email _____

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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 _____

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 _____

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6. Required Attachments

☐ Post-Rehabilitation photographs

Name of Photographer: _____

☐ 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 Attestation

I hereby certify that I have reviewed the information and documentation submitted as part of this application and that, to the best of my knowledge and belief, all information provided is true, accurate, and complete. I further certify that I have not knowingly omitted, misstated, or misrepresented any material information. I understand that false, inaccurate, incomplete, or materially misleading information may affect eligibility for the Alabama Historic Rehabilitation Tax Credit and that any credit improperly obtained may be subject to audit, reassessment, and recapture by the Alabama Department of Revenue in accordance with Title 40, Chapter 9F, Article 2, *Code of Alabama* 1975, and Alabama Administrative Code Rule 810-3-137-.03.

Signature _____ Date _____