ALABAMA HISTORICAL COMMISSION
THE STATE HISTORIC PRESERVATION OFFICE

ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM
SUPPLEMENTAL TAX CREDIT ALLOCATION REQUEST

Use this form to request a Supplemental Tax Credit Allocation Reservation if the amount of Qualified Rehabilitation Expenditures (QRE) exceeds the amount of QRE estimated on Part B. Applicants should refer to the Program Instructions for detailed guidance on completing each section.

1. Property Name _____

Street Address _____

County _____

2. Applicant Name

Organization _____

Contact Person _____

Mailing Address _____

Phone _____

Email _____

3. Project Contact (if different than applicant)

Organization _____

Contact Person _____

Mailing Address _____

Phone _____

Email _____

4. Allocation Status & Supplemental Request

Qualified Rehabilitation Expenditures estimated on Part B _____

Actual Qualified Rehabilitation Expenditures reported on Part C _____

Previous Tax Credit Allocation _____

Amount of Supplemental Request _____

Were expenditures related to the Supplemental Request previously approved or approved with Conditions in the Part B or Amendments? ☐ Yes ☐ No

Property Name: _____

5. 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: _____