



**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. The first page of the form must appear exactly as below and must bear the applicant's original signature. All sections must be complete and all attachments submitted or the application will be determined incomplete.

1. Property name: _____

Street Address: _____

City: _____ County: _____ State: Alabama Zip: _____

2. Applicant Name:

Organization: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security/Taxpayer ID#: _____

Ownership Status: Hold Title Owns a lease-hold interest for a term not less than 39 years

3. Project Contact (if different than applicant): _____

Organization: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4. Project data:

Income-producing use (up to 25% credit)

Actual start date: _____ Actual completion date: _____ Placed in Service date: _____

Actual qualified rehabilitation expenditures: _____

Actual non-qualified rehabilitation expenditures: _____

Actual total of rehabilitation expenditures: _____

Tax credit amount reserved: _____

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: _____

5. Attachments (the following items must accompany this form)

- Photographs in a single Word or pdf with captions showing the condition of the building after the completion of work keyed to plans;
- Post-rehabilitation site plan with photo directions indicated;
- Post-rehabilitation floor plan(s) with photo directions indicated;
- Cost and expense certification: based upon a complete schedule of qualified and non-qualified expenditures prepared by a licensed certified public accountant that is not an affiliate of the owner certifying the total qualified rehabilitation expenditures and the total amount of tax credits against any state tax due;
- Two copies of Post-Rehabilitation Appraisal prepared by an independent MAI designated and licensed real estate appraiser.
- Certificate of Occupancy: Include a copy of a Certificate of Occupancy from the city in which the property is located. If the city does not issue a Certificate of Occupancy for the particular type of rehabilitation, then please include a letter from the appropriate city official indicating that this is the case.

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: _____