

STATE OF ALABAMA  
ALABAMA HISTORICAL COMMISSION

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**ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM  
AMENDMENT SHEET**

HRTC form September 2013

AHC Number: \_\_\_\_\_

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This Amendment Sheet may be used to amend any part of the application for the Alabama Historic Rehabilitation Tax Credit program. The first page of the form must appear exactly as below and must bear the Owner's original signature. Summarize changes to previously submitted parts of the application in the space provided. In the event of any discrepancy between the application form and other supplementary material submitted with it (such as photographs, architectural plans, drawings and specifications), the application form takes precedence.

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1. **Property name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Alabama Zip: \_\_\_\_\_

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2. **This Sheet:**

Amends Part A       Amends Part B       Amends Part C

See Attachments

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3. **Project contact** (if different from owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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4. **Owner name:** \_\_\_\_\_

Organization: \_\_\_\_\_

Social Security/Taxpayer ID# (If Amending Part C Only): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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AHC Use Only:

- Approves the information described in this amendment and modifies the Project accordingly
- Approves the information described in this amendment and modifies the Project accordingly with specific Conditions of Information or Work described on the accompanying review sheet
- Does not approve the information described in this amendment; if the Applicant makes these modifications to the project, the Project will be deemed to be inconsistent with the Program and any Tax Credit Allocation Reservation will be rescinded

Date: \_\_\_\_\_ AHC Signature: \_\_\_\_\_

## Amendment Sheet

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

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

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