

ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM PART B - DESCRIPTION OF REHABILITATION

This is the second part of a three-part application for the Alabama Historic Rehabilitation Tax Credit program. The AHC uses this form and all required attachments to determine if a proposed project meets the Secretary of the Interior's Standards for Rehabilitation. The first three pages of this form must appear exactly as below and must bear the applicant's original signature. Use additional pages as necessary. All sections must be complete and all attachments submitted or the application will be determined incomplete. Part A, Part B, and half of the required review fee must be submitted at the same time.

I. Property name:	
Street Address:	
City: County:	State: Alabama Zip:
submitting this application. Qualified rehabilitation expenditures related to this reapplication under the following categories: Architectural fees	lated to this rehabilitation project were incurred in the six months before ehabilitation project were incurred in the six months before submitting this Land surveying fees Emergency Work/Temporary Measures of this property were incurred in the six months before submitting rmation and requirements.
 Purchase Price of Property (minus the value of Fair Market Total Value of the Property (Land commissioner: \$	the land): \$d and Buildings) BEFORE Rehabilitation as assessed by the local revenue
Income-producing use (up to 25% credit) \$5,000,000 tax credit cap	Personal residential use (up to 25% credit) \$50,000 tax credit cap
Estimated start date: Estimated qualified rehabilitation expenditures: Estimated non-qualified rehabilitation expenditures: Total estimated rehabilitation expeditures: Tax credit amount requested: To calculate the tax credit, multiply estimated qualified rehabilitation expe	Estimated completion date: Inditures x 25% (.25), not to exceed the cap.
Square footage before rehabilitation:	Square footage after rehabilitation:
Building use before rehabilitation:	Building use after rehabilitation:
Other:	necessary showing proposed work to the building;
Signature:	Date:

Part B - Description of Rehabilitation Property name: Property address: The Historic Tax Credit Evaluating Committee will use the answers to the following questions to rank your Project. Answer the questions as fully as possible and use additional pages as necessary. 6. Criteria: a. What is the relative value of the Project to the community? Relative value is a method of determining a Project's merit when considering similar projects in the area. b. How will this Project maintain or improve the historic fabric of the community? Will buildings that are underutilized or not occupied be rehabilitated? c. What is the possible return on investment for the community? Does the Project address a specific community need? Will the Project lead to the development of public/private partnerships? Will the Project create economic growth in distressed areas? d. Is the Project located in a set-aside or non-set-aside county? Non-set-aside counties include Baldwin, Jefferson, Madison, Mobile, Montgomery, Shelby, and Tuscaloosa. e. What is the likelihood the Project proceeding without the State Historic Tax Credit? f. Has the Project received support from the local municipality, county, legislative delegation or community stakeholders? Include support letters to demonstrate local support.

g. Are there any additional tax credits or state, federal, or local government grants the Applicant expects to utilize for the construction of this Project? If yes, please list the type and estimated or actual amount of funding.

Part B - Description of Rehabilitation Property name: Property address:

The Historic Tax Credit Evaluating Committee will use the following summary of your scope of work to understand your project.

7. Summarize the rehabilitation work including the proposed new use, changes to the site, and exterior and interior repairs and alterations.

Part B - Description of Rehabilitation Property name: Property address:			
Property addre	ess:		
Use as many of these pages as necessary to describe the rehabilitation project.			
	Feature:	Date of Feature:	
Describe existi	ng feature and its condition:		
Photo Number	s:	Drawing Numbers:	
Describe propo	osed work and its impact on the feature:		
Number:	Feature:	Date of Feature:	
Describe existing	ng feature and its condition:		
Photo Number	s:	Drawing Numbers:	
	osed work and its impact on the feature:		
Continuation	on Sheet Attached		