



In the event the amount of Qualified Rehabilitation Expenditures (QRE) incurred by the Owner exceeds the amount of Qualified Rehabilitation Expenditures estimated on Part B of the Application for the purpose of establishing the Tax Credit Allocation Reservation, the Applicant may apply to the Commission for a supplemental Tax Credit Allocation Reservation in an amount equal to the excess. **Applications for a supplemental Tax Credit Allocation Reservation shall be submitted with the Part C Application.** If Projects are in good standing, Supplemental Tax Credit Applications shall be recommended to the Committee in the next available Review Cycle. Applicants who apply for a supplemental Tax Credit Allocation Reservation may be invoiced an additional fee based on the Applicant's increased QRE. If the supplemental request maintains a total QRE within the same fee Tier, the Applicant will pay a fee that equals the difference between the new fee and the fee already paid (this will only apply to Projects in Tier 1). If the supplemental request increases the total QRE to a fee Tier above the fee already paid, the Applicant will pay a fee that equals the difference between the higher fee and the fee already paid. If the Commission notifies the Applicant that their supplemental request will receive a Tax Credit Allocation Reservation, then the Commission will invoice for the fee, if applicable, which must be paid to the Commission in order to receive the reservation. A separate Tax Credit Certificate shall be issued for any supplemental Tax Credit Allocation reserved by the Commission for the Project.

1. Property name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: Alabama Zip: \_\_\_\_\_

2. Applicant Name:  
 Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Project Contact (if different than applicant): \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Allocation Status & Supplemental Request**

Qualified Rehabilitation Expenses estimated on Part B: \_\_\_\_\_  
 Non-Qualified Rehabilitation Expenses estimated on Part B: \_\_\_\_\_  
 Actual Qualified Rehabilitation Expenses reported on Part C: \_\_\_\_\_  
 Actual Non-Qualified Rehabilitation Expenses reported on Part C: \_\_\_\_\_  
 Total Tax Credit Allocation by AHC: \_\_\_\_\_  
 Amount of Supplemental Request: \_\_\_\_\_  
 Were the expenditures related to the Supplemental Request previously approved or approved with Conditions in the Part B or Amendments?  Yes or  No.

5. 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: \_\_\_\_\_