



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 1 APPLICATION : REQUEST FOR HISTORIC PROPERTY DETERMINATION

1. BUILDING DATA

OFFICE USE ONLY Project #

a. Building name _____
Address: Street _____
Town _____ State _____ Zip _____

b. Date of Construction _____

c. Historic Listing:

- Individually listed on the National Register of Historic Places
- Individually listed on the State Register of Historic Places
- Located in a National Register District, specify: _____
- Located in a State Register District, specify: _____

d. Number of residential units: existing _____
total proposed _____ owner occupied _____ rental _____

e. Outbuildings:

Type _____ Number _____ Date of Construction _____

2. OWNER

Name _____

Organization _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

FEIN or CT Tax Registration # _____

Non-profit housing corporation documentation attached (check one):

- copy of certificate of incorporation
- copy of certification letter as Community Housing Development Organization (CHDO)
- other data, specify: _____

3. OWNER CERTIFICATION

I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

Targeted area: Federal Census Tract # _____ OPM regional center Townwide

OFFICE USE ONLY

The Connecticut Commission on Culture and Tourism has reviewed the Part 1 application, "Request for Historic Property Determination," for the above-named property and has determined that:

- The building qualifies as an historic property.
- The building does not qualify as an historic property. Comments attached.
- Associated outbuilding contributes to the historical significance of the historic home for purposes of calculating qualified rehabilitation expenditures.
- Associated outbuilding does not contribute to the historical significance of the historic home for purposes of calculating qualified rehabilitation expenditures. Comments attached.

_____ Date _____

Authorized signature
Connecticut Commission on Culture and Tourism

Project # _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION : REQUEST FOR CERTIFICATION OF PROPOSED REHABILITATION WORK

1. BUILDING DATA

Address: Street _____
Town _____ State ____ Zip _____

Has a Part 1 application (Request for Historic Property Determination) been submitted? yes no

If yes, date Part 1 submitted _____ Date approved _____

Project # _____

2. OWNER

Name _____

Organization _____

Address: Street _____

Town _____ State ____ Zip _____

Telephone # _____ e-mail _____

FEIN or CT Tax Registration # _____

Check one:

- Non-profit housing corporation documentation attached (check one):
 - copy of certificate of incorporation
 - copy of certification letter as Community Housing Development Organization (CHDO)
 - other data, specify: _____
- Non-profit housing corporation documentation previously filed.

3. DATA ON REHABILITATION PROJECT

a. Project start date (est.) _____ Project completion date (est.) _____

b. Estimated total qualified rehabilitation expenditures _____

c. Number of residential units: existing ____
total proposed ____ owner occupied ____ rental ____

d. Attachments:

- Budget documentation Architectural Drawings
- Photographs Specifications
- Other data, specify: _____

4. OWNER CERTIFICATION

I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

The Connecticut Commission on Culture and Tourism has reviewed the Part 2 application, "Request for Certification of Proposed Rehabilitation Work," for the above-listed historic property and has determined that:

- The proposed rehabilitation work described herein meets the Standards for Rehabilitation. This is a preliminary determination only, since final certification of rehabilitation work can be issued to the owner of an "historic property" only after rehabilitation work is completed.
- The proposed rehabilitation work described herein does not meet the Standards for Rehabilitation. Comments attached.

Authorized signature
Connecticut Commission on Culture and Tourism

Date _____

Project # _____

5. DESCRIPTION OF PROPOSED REHABILITATION WORK
Also include new construction and work to outbuildings.

Number 1

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 2

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 3

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address: _____

Number 4

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 5

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 6

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address: _____

Number 7

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 8

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 9

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address: _____

Number 10

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 11

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 12

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address: _____

Number 13

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 14

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 15

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address: _____

Number 16

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 17

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 18

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION AMENDMENT FORM

Building Address: _____

Date Part 2 application (Request for Certification of Proposed Rehabilitation Work) approved _____

Project # _____

Amendment involves: Adding work item Deleting work item Modifying existing work item

Attachments: Photographs Architectural drawings Specifications

Other data, specify: _____

DESCRIPTION OF REHABILITATION WORK

Instructions: Describe change(s) to the Part 2 application. Refer to application item number(s). Number each amendment. Indicate budget changes. Use continuation sheets if required.

Number 1

Owner name _____

Organization _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____ FEIN, or CT Tax Registration # _____

Signature of Owner _____ Date _____

OFFICE USE ONLY

- Amendment(s) # _____ described herein meet(s) the Standards for Rehabilitation.
- Amendment(s) # _____ described herein does (do) not meet the Standards for Rehabilitation. Comments attached.

_____ Date _____

Authorized signature
Connecticut Commission on Culture & Tourism

Project # _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION AMENDMENT FORM
Continuation Sheet

Building Address:

Project # _____

Number _____

Signature of Owner _____ Date _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 3 APPLICATION : REQUEST FOR CERTIFICATION OF COMPLETED REHABILITATION WORK

1. BUILDING DATA

Address: Street _____
Town _____ State _____ Zip _____
Date Part 2 application (Request for Certification of Proposed Rehabilitation Work) approved _____
Project # _____

2. OWNER

Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____ e-mail _____
FEIN or CT Tax Registration # _____

Check one:

- Non-profit housing corporation documentation attached (check one):
 - copy of certificate of incorporation
 - copy of certification letter as Community Housing Development Organization (CHDO)
 - other data, specify: _____
- Non-profit housing corporation documentation previously filed.

3. DATA ON REHABILITATION PROJECT

Date rehabilitation work completed _____ Number of residential units _____
Date of tax credit reservation _____ Reservation # _____

4. OWNER CERTIFICATION

I hereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut Historic Homes Rehabilitation Tax Credit Program. I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

The Connecticut Commission on Culture and Tourism has reviewed the Part 3 application, "Request for Certification of Completed Work," for the above-listed historic property and has determined that:

- The completed rehabilitation work meets the Standards for Rehabilitation.
- The completed rehabilitation work does not meet the Standards for Rehabilitation.
Comments attached.

Tax credit reservation # _____ is hereby cancelled.

_____ Date _____

Authorized signature
Connecticut Commission on Culture and Tourism

Project # _____

CONNECTICUT COMMISSION ON CULTURE AND TOURISM



CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM
REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

INSTRUCTIONS:

Complete both sides of this form. All owners are required to attach as part of this application the "Owner Occupancy Assurance Statement" (RTC-4-1). If the owner is requesting that the tax credit voucher be issued to a third party, the owner must provide: (a) "Contributing Taxpayer Statement of Funds Transaction" (RTC-4-2) from each taxpayer and (b) notarized form, "Owner Certification of Taxpayer as Contributing" (RTC-4-3).

Tax Credit Reservation # _____

1. HISTORIC PROPERTY

Address: Street _____
Town _____ State _____ Zip _____

Project # _____

Date Part 3 (Request for Certification of Completed Rehabilitation Work) approved _____

copy of certified Part 3 application enclosed

2. OWNER

Name _____

Organization _____

Address: Street _____
Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

Taxpayer Social Security, FEIN, or CT Tax Registration # _____

Non-profit housing corporation documentation attached:

- copy of certificate of incorporation or
- copy of certification letter as Community Housing Development Organization (CHDO) or
- other data, specify: _____

3. PROJECT COSTS AND PAYMENT

Total qualified rehabilitation expenditures \$ _____

Documentation:

- a. Accounting of qualified rehabilitation expenditures
- b. Mechanics lien waiver(s) Copy of paid invoices Copies of canceled checks
- Other data, specify: _____

or

- c. Previously submitted

4. ASSIGNMENT OF TAX CREDIT VOUCHER

Check one:

- I hereby request that the tax credit voucher for the above-listed historic property be assigned to the owner named in item #2.
- I hereby request that the tax credit voucher for the above-listed historic property be assigned to one or more taxpayers named below:

Name of Corporation _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer FEIN or CT Tax Registration # _____

Percentage amount of total tax credit _____

Name of Corporation _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer FEIN or CT Tax Registration # _____

Percentage amount of total tax credit _____

5. OWNER CERTIFICATION

I hereby attest that I am the owner of the above-listed historic property and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

Tax credit voucher # _____ Amount \$ _____ Date of issuance _____

Tax credit voucher # _____ Amount \$ _____ Date of issuance _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

OWNER CERTIFICATION OF TAXPAYER AS CONTRIBUTING

OWNER TO COMPLETE THIS SECTION

1. Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____

 2. Historic Property
Address: Street _____
Town _____ State _____ Zip _____
Project # _____

 3. Contributing Taxpayer
Name of Corporation _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____
FEIN or CT Tax Registration # _____
-
-

OWNER TO EXECUTE THIS SECTION ONLY IN PRESENCE OF NOTARY PUBLIC

In accordance with State of Connecticut regulations Sections 10-320j -9 (a) and (d), I hereby attest that the corporate taxpayer named above is contributing to the rehabilitation of the above-listed historic property.

Signature of Owner _____ Date _____

Subscribed and sworn to before me at

_____, Connecticut,

this _____ day of _____, 200 .

NOTARY PUBLIC



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

OWNER-OCCUPANCY ASSURANCE STATEMENT

1. HISTORIC PROPERTY

Address: Street _____
Town _____ State _____ Zip _____

2. OWNER

Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____
Taxpayer Social Security, FEIN, or CT Tax Registration # _____

3. OWNER-OCCUPANCY STATEMENT

Check one:

- As the owner of the historic property named above, I hereby agree to occupy the historic property as my primary residence during the five-year occupancy period required in CGS 10-416.
- As the owner of the historic property named above, I hereby agree to convey the historic property to a new owner who will occupy the historic property during the five-year occupancy period required in CGS 10-416.

Signature of Owner _____ Date _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

CONTRIBUTING TAXPAYER STATEMENT OF FUNDS TRANSACTION

OWNER TO COMPLETE THIS SECTION

1. Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____
Taxpayer Social Security, FEIN, or CT Tax Registration # _____
 2. Historic Property
Address: Street _____
Town _____ State _____ Zip _____
Project # _____
-
-

CONTRIBUTING TAXPAYER TO COMPLETE THIS SECTION. ATTACH COPY OF CERTIFICATE OF LEGAL EXISTENCE.

Name of Corporation _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____ FEIN or CT Tax Registration # _____

In accordance with State of Connecticut regulations Section 10-320j-9 (a), the above-named corporation is contributing to the rehabilitation of the above-listed historic property in the form of

(check one)

- cash grants applying the tax credit to reduce the amount owing on an extension of credit

_____ Date _____
Signature of duly authorized representative

Print name and title of signature _____

Citation: Section 10-320j-9(a)

(a) As used in this section, "contributing" means providing funds, including cash, grants, or extensions of credit, with, in cases of extension of credit, the tax credit being applied toward the reduction of the amount owing on the extension of credit.