

TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Instructions Part C: Request for Certification of Completed Work

All forms must be fully completed with all information necessary to fully evaluate the project. Incomplete forms or missing documentation will result in applications being placed on hold while additional information is requested.

Property information: This information should match the corresponding section of the Part A and B applications.

Contact Information: Applicant is the person or entity who will receive the credits. Project Contact is usually the person who completed the forms and who will serve as the primary point of communication with the THC. Property owners must be identified in cases where the applicant does not own the property.

Project Information: Please fill out all blanks as accurately as possible.

Dates must include month, day, and year. The Placed in Service date must match the Placed in Service documentation submitted along with the application. Please see below for additional information. Project costs should be based on final estimates and may differ from the estimates entered in the Part B application. Other information in this section is used to track the impacts of the program.

Placed in Service documentation: This verifies the date that work on the project was completed. This date will be printed on your Certificate of Eligibility and be used in paperwork submitted to the Comptroller's office.

Preferred documentation includes a Certificate of Occupancy or an Architect's Certificate of Substantial Completion. If your project does not require either of these, please contact the THC to determine what other documentation may suffice.

Applications and all supporting documents must be submitted in hard copy.

Photographs: Attach photos of the completed project to document that all work was completed as described in your Part B application. Photos should generally correspond to photos submitted with your Part B, and

must include overall views of the building and site, along with detail images of areas where work was undertaken. If applicable, also submit any photos specifically requested to fulfill Part B conditions.

Photos must be labeled and formatted according to directions on page 12 of the Application Guide.

Photos must also be numbered and keyed to site plans and floor plans.

The applicant AND owner, if separate from the applicant, must sign and date the form.

If applying for both state and federal credits: submit one copy of the state form, including page 2. Submit two copies of the federal form (one with original signature), and 2 copies of all photographs.

If applying for the state credits only: submit one copy of the state form and one copy of all photographs, maps, and other supporting documentation.

Please enclose (preferred), or send under separate cover, a check for your review fee in the amount indicated by the Fee Schedule on page 12 of the THPTC Application Guide. Label your check with the property name.

Address applications to:
Texas Historical Commission
Texas Historic Tax Credit Program

via courier or delivery service (preferred), at:
108 W 16th St, 2nd Floor
Austin, TX 78701

via USPS, at:
P.O. Box 12276
Austin, TX 78711-2276

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Read instructions carefully before completing application. No certification will be made unless a completed, signed application form has been received. Type or print clearly in black ink. If additional space is needed, attach blank sheets. Please submit only **one** copy of this application and supporting materials. Please do not use spiral binding, binders or folders to submit your application. You may submit your application in person, via courier service or U.S. Mail. E-mailed or faxed applications will not be accepted.

Note: If you wish to participate in the Federal program, you must submit the appropriate Federal application(s) to the THC. Visit www.nps.gov/tps to download applications. **State application fee is due at the time of submission.**

Please Check One: **State and Federal Application** **State Only Application**

Property Name: _____

Property Address: _____
Street City County Zip Code

State Project ID: THPTC _ _ _

Federal Project ID: NPS # _____

Primary Applicant (will receive Certificate of Eligibility)			Project Contact		
Name			Name		
Organization			Organization		
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Email		Telephone	Email	
Property Owner 2			Property Owner 3 (list additional owners on separate page)		
Name			Name		
Organization			Organization		
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Email		Telephone	Email	

Project Information		
Total project cost / Qualified Rehab. Expenditures:	Total \$ _____	Qualified \$ _____
Project start date / Placed In Service or completion date:	Start date _____	Completion _____
Documentation provided for Placed In Service date:	Certificate of Occupancy	Architect's Certificate of Substantial Completion
Property use before / after rehabilitation:	Before _____	After _____
Check all that apply: <input type="checkbox"/> Non-residential real property (e.g. restaurant, retail, warehouse, or office used by a taxable entity)		
<input type="checkbox"/> Residential rental property <input type="checkbox"/> State institution of higher education		
<input type="checkbox"/> Tax exempt use property <input type="checkbox"/> Lessee (Term of lease: _____)		
Property value before / after rehabilitation:	Before _____	After (est.) _____
Floor area before / after rehabilitation:	Before _____ sqft	After _____ sqft
Number of housing units before / after rehabilitation:	Before _____	After _____
Number of jobs created in this project (est):		
Architecture firms, developers, and/or construction companies involved in project:		

Applicant Agreement

I hereby swear or affirm, under penalty of perjury, that the information which has been provided in this application is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner or have been the owner in the year the building was placed in service, and, if applicable, have the authority to act on behalf of the owner(s) of the above-described property, (within the meaning of *owner* set forth in Title 13, section 13.1 of the Texas Administrative Code), and that I have incurred qualified rehabilitation expenditures as defined by Section 47(c)(2), Internal Revenue Code, for the above project.

Applicant Signature

Applicant Name

Date

THC Official Use Only

Application fee received on _____

The Texas Historical Commission has reviewed the complete Historic Certification Application for the above-listed structure and has determined that:

- The completed rehabilitation meets the Secretary of the Interior’s Standards for Rehabilitation and is consistent with the historic character of the property or the district in which it is located. Effective the date indicated below, the rehabilitation of the certified historic structure his hereby designated a “certified rehabilitation.” This letter of certification is to be used in conjunction with Texas Comptroller regulations. Questions concerning specific tax consequences or interpretation should be addressed to the appropriate Texas Comptroller office. Completed projects may be inspected by an authorized representative of the THC to determine if the work meets the Standards for Rehabilitation.
- The rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior’s Standards for Rehabilitation.
- The project (or portions thereof) does not appear to meet the program’s eligibility requirements.

Texas Historical Commission Authorized Signature

Date