TEXAS HISTORICAL COMMISSION

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

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. Signatures must be original. If additional space is needed, attach blank sheets. 12/2014

State Project ID: THPTC - ____ - ____ - ____ ☐State Only ☐State and Federal **Federal Project ID:** THC - ____ - ____ - ____

Property Name: _____

Property Address: _____ Street _____ City _____ County _____ Zip Code

Primary Applicant (will receive Certificate of Eligibility)			**Project Contact**		
Name			Name		
Company			Company		
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		
Company			Company		
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: ☐ Non-residential real property (e.g. restaurant, retail, warehouse, or office used by a taxable entity) ☐ Residential rental property ☐ Tax exempt use property ☐ Owner-occupied ☐ Leased (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:		

Property Name _____

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

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