



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House • 150 Benefit Street • Providence, R.I. 02903-1209

TEL (401) 222-2678 FAX (401) 222-2968
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**2008 HISTORIC PRESERVATION INVESTMENT TAX CREDIT
PART 3 Application: Request for Certification of Completed Rehabilitation**

[Application Number (Office use only) _____]

Name of property _____

Street address of property _____

City _____ State _____ Zip code _____

Name of Project Contact Person _____

Mailing Street address _____

City _____ State _____ Zip code _____

Daytime telephone _____ E-mail _____

Historic Certification: Has a Part 1 Approval been issued for this project?

Yes ___ No ___ If yes, date of Part 1 Certificate _____

(If the property received a preliminary historic certification, has the property been listed in the National Register or State Register? No ___ Yes ___ Date of listing: _____)

Tax Exempt Property: Under the provisions of RI General Laws 44-3-3, is this property exempt from payment of real property taxes? No ___ Yes ___

Phased Projects: Is this a phased project? No ___ Yes ___ Phase ___ of ___
(If yes, attach a description how the completed work is consistent with the phasing schedule that was submitted with the approved Part 2 application.)

(This Form is continued on page 2)

Name of property _____

Address of property _____

Project Start Date:

Placed in Service Date:

Adjusted basis of the building at the beginning of the rehabilitation:

Amount of Qualified Rehabilitation Expenditures:

Tax Credit Amount:

(Not more than amount in tax credit contract)

Amount of project costs incurred but not eligible for the tax credit:
(not including cost of acquisition of the property)

Number of total jobs created:

 Full time equivalents:

Cost of construction labor:

Number of Rhode Island businesses retained for work:

Cost of materials & products purchased from Rhode Island businesses:

Amount of Rhode Island Sales Taxes paid:

Property tax assessed value at the beginning of the project:

Property tax assessed value at the end of the project:

Use of the property BEFORE rehabilitation:

Use of the property AFTER rehabilitation:

Number of housing units in completed project:

 Number of housing units committed to Affordable Housing:

Square feet of commercial space rehabilitated:

(This form is continued on Page 3)

**Person or Entity that incurred
Qualified Rehabilitation Expenditures** _____

Social Security Number or Taxpayer Identification Number _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Applicant Date

Printed Name of Applicant _____

Daytime telephone _____ E-mail _____

If the rehabilitation expenditures were incurred by a lessee or anyone other than the fee owner, provide the following information:

Owner's Name _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Daytime telephone _____ E-mail _____

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Owner Date

Restrictive Covenant Attach a copy of the Declaration of Restrictive Covenants form provided by the RIHPHC executed by the fee owner of the property. The RIHPHC will sign and return the executed copy to the Applicant for recording. This Historic Tax Credit Application is not complete until RIHPHC receives a certified copy of the recorded Declaration of Restive Covenants.