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.

•			<u> </u>		Project ID		-		
Property Name:									
Property Address: Street			·	City		Cour	nty	Zip Code	<u>.</u>
Primary Applicant (will receive Certificate of Eligibility)				Project Contact					
Name				Name					
Company				Company					
Address				Address					
City	State	Zip		City		State		Zip	
Telephone	Email			Telephone		En	nail		
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 \$									
-				date					
,				Architect's certificate rtificate of Occupancy Completion Architect's certificate of substantial completion			certificate tial completion		
Property use before / after reh	After_								
Check all that apply: Residential rental 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 _	Before		After (est.)			
Floor area before / after rehabilitation:			Before _	Beforesqft		After		sqft	
						After	After		
Number of jobs created in this project (est):									
Architecture firms, developers, and/or construction companies involved in project:									

Texas Historic Preservation Tax Credit Application	ı: Part C	Property Name	
Applicant Agreement			
I hereby swear or affirm, under penalty of perjury, that the correct, and complete. I further swear or affirm that I am applicable, have the authority to act on behalf of the own 13.1 of the Texas Administrative Code), and that I have a Code, for the above project.	n the owner or have been the or ner(s) of the above-described p	wner in the year the building was roperty, (within the meaning of or	placed in service, and, if wner set forth in Title 13, section
Applicant Signature	Applicant Name		Date
THC Official Use Only ☐ Application fee received The Texas Historical Commission has reviewed the	e complete Historic Certifica	ation Application for the abov	e-listed structure and has
determined that: The completed rehabilitation meets the Secretaracter of the property or the district in which historic structure his hereby designated a "certaracter Comptroller regulations. Questions concerning Texas Comptroller office. Completed projects meets the Standards for Rehabilitation.	ch it is located. Effective the ified rehabilitation." This let g specific tax consequences	e date indicated below, the reha- ter of certification is to be use or interpretation should be add	abilitation of the certified ed in conjunction with Texas dressed to the appropriate
☐ The rehabilitation is not consistent with the project does not meet the Secretary of the Inte			it is located and that the
☐ The project (or portions thereof) does not			
Texas Historical Commission Authorized Signature	<u> </u>	Date	