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.

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.

Valid signature types are: 1) Digital signatures using a digital ID; 2) Scanned or digitized versions of an original handwritten signature; or 3) Scanned PDFs of original wet-signature applications.

If applying for both state and federal credits: submit the electronic file of the state form, including all pages. With your federal application, submit one total copy of all other files: photographs, maps, and other supporting documentation; duplicates for state program are not needed.

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

Applications and all supporting documents must be submitted to our office electronically at: https://xapps.thc.state.tx.us/TaxCredits2

The required review fee, in the amount indicated by the Fee Schedule on Page 12 of the THPTC Application Guide, must be <u>submitted by check</u>. Label your check with the property name and "Tax Credit Program."

Please submit checks with the Fee Transmittal Form found at: https://www.thc.texas.gov/public/upload/forms/THPTC_Fee_Transmittal_2023.pdf

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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. If additional space is needed, attach blank sheets. Please submit only **one** copy of this application and supporting materials. Applications must be submitted electronically to the Texas Historical Commission at https://xapps.thc.state.tx.us/TaxCredits2. E-mailed, 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: | | | roject | □ State Only Project | | | | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------|----------|-----------|------------------------------------------------------------|--------------|---------------|---------|----------|--|
| Property Name: | | | | | | | | | |
| Property Address: Stree State Project ID: THP7 | et | | | City | oject ID: | County NPS # | | Zip Code | |
| Primary Applicant (will: | | | v) | Project Co | | | | | |
| Name | | | <i>37</i> | Name | | | | | |
| Organization | | | | Organization | | | | | |
| Address | | | | Address | | | | | |
| City | State | Zip | | City | | State | Zip | | |
| Telephone | Email | <u> </u> | | 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 | | | 1 \$ | _ Qualified | Qualified \$ | | | | |
| Project start date / Placed In Service or completion date: Start | | | | date Completion | | | | | |
| Documentation provided | | | | Certificate of Occupancy | | | | Other | |
| Property use before / after | er rehabilitation: | | Befo | ore | | After | | | |
| | Non-residential re Residential rental Tax exempt use p | property | | nt, retail, wareh State institution Lessee (Te | on of high | | ble ent | ity)) | |
| Property value before / as | fter rehabilitation: | | Before | | | After (est.) | | | |
| Floor area before / after 1 | ehabilitation: | | Before | | sqft | After | | sqft | |
| Number of housing units before / after rehabilitation: Before | | | | | | After | | | |
| Number of jobs created in | n this project (est) | : | | | | | | | |
| Architecture firms, developers, and/or construction companies involved in project: | | | | | | | | | |

| Texas Historic Preservation Tax Credit Application: Part C | | | Property Name | | | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Applic | ant Agreement | | | | | | |
| correct, applicab 13.1 of | swear or affirm, under penalty of perjury, the and complete. I further swear or affirm that ele, have the authority to act on behalf of the the Texas Administrative Code), and that I hor the above project. | I am the owner or have been the owner(s) of the above-described | e owner in the year the building v property, (within the meaning o | was placed in service, and, if of owner set forth in Title 13, section | | | |
| Release | of Project Financial Information | | | | | | |
| the Texa informa that an e informa records Informa | tand that the information I have provided in as Public Information Act, Texas Governmention, including project costs, may be excepted exception to mandatory disclosure applies. Button I have provided in the Project Informative request submitted to THC under the Act with tion section in THC publications or on THC the program. Applicant responses below do | nt Code Chapter 552 (the "Act"). d from required disclosure if I tin y checking the appropriate box be ion section of the application and hout notifying me. I further auth 2's website to publicize and prom | I also understand that under Sul- nely demonstrate to the Office of elow, I hereby waive my right to a grant THC permission to release orize THC to use application info ote the Texas Historic Preservati | ochapter C of the Act, certain If the Attorney General of Texas assert that an exception applies to the this information in response to a commation I provide in the Project | | | |
| | Yes, I authorize THC to releas | e information provided in the | Project Information section a | as described above. | | | |
| | No, I do not authorize release | of information provided in the | is Application. | | | | |
| | | | | | | | |
| | | | | | | | |
| Applicant Signature | | Applicant Name | | Date | | | |
| Owner | Signature | Owner Name | | Date | | | |
| | | | | | | | |
| THC | Official Use Only | | | | | | |
| | Application fee received on | | | | | | |
| | exas Historical Commission has reviewed ined that: | d the complete Historic Certif | ication Application for the ab | pove-listed structure and has | | | |
| | The completed rehabilitation meets the character of the property or the district historic structure his hereby designated Texas Comptroller regulations. Questia appropriate Texas Comptroller office, determine if the work meets the Standard Comptroller of | et in which it is located. Effect ed a "certified rehabilitation." ions concerning specific tax co Completed projects may be in | This letter of certification is to onsequences or interpretation | the rehabilitation of the certified o be used in conjunction with should be addressed to the | | | |
| | 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