

Maryland Historical Trust Historic Revitalization Tax Credit

COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION

PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

						N	IHT Project Number (MH	T office use of	only)		
	tructions: This page mptroller of the Treas		nt's electron	ic signature. See	e application i	nstructions for mo	pre information. A copy of	this form wil	I be provided to the		
1.	Property Name										
	Street										
							nty				
	Is property a certifi	ed historic structure?	yes r	no If yes, date o	of MHT certific	ation	OR date of Nation	onal Registe	r/locallisting		
2.	Project Data	Project start date			Pro	ject completion d	ate				
			Total reh	abilitation cost	t s (including n	ew construction,	site work, appliances, etc.	.)	\$		
		Total ine	Total ineligible expenses attributed to new construction, site work, appliances, etc.					- \$			
		igible funding, including but not limited to state or local grants or insurance ment funds as described in the Part 2 (see instructions).				ance	- \$				
	Total Allowable Qualified Rehabilitation Expenditures (QRE)										
	May not exceed the Part 2 estimated QRE or \$25,000,000 (25 million dollars) whichever less. Must exclude ineligible expenses and ineligible funding.						chever is	= \$			
lf you	u are seeking addition	nal credits beyond the 2		-		-	onal credits per the application	ation instruct	ions.		
		pplying for the 20% cre									
		Check if you are applying for the 20% credit plus the additional 5% credit for projects that received an allocation for federal low-income housing tax credits.									
	Check if you are applying for the 20% credit plus the additional 5% LEED Gold or equivalent certification.										
	Check if you are applying for the 20% credit now and plan to submit for the additional 5% LEED Gold or equivalent certification separately at a later date. Check if you are applying for the 5% LEED Gold or equivalent certification and have already claimed the 20% credit.										
	Check if you are a	Check if you are applying for the 20% credit plus the additional 5% credit for Opportunity Zone Level 1 tax credits.									
		pplying for the 20% cre									
	Check if you are applying for the 20% credit now and plan to submit for the additional 5% Opportunity Zone Level 1 separately at a later date. Check if you are applying for the 20% credit now and plan to submit for the additional 7.5% Opportunity Zone Level 1 separately at a later date.										
	Check if you are applying for the 5% Opportunity Zone Level 1 and have already claimed the 20% credit.										
	Check if you are applying for the 7.5% Opporunity Zone Level 2 and have already claimed the 20% credit.										
3.	Project Contact	t (if different from appli	cant)								
	Name Company										
	Street			City					State		
	Zip	Telephone _			Email A	ddress					
4.	Applicant List a	Il additional owners on	next page.								
	I hereby apply for certification of the rehabilitation work described above for purposes of the Historic Revitalization Tax Credit. I hereby attest that, to the best of my knowledge, the information provided is correct, and that the completed rehabilitation is consistent with the work described the Maryland Historic Revitalization Tax Credit Application - Part 2 certified by the Maryland Historical Trust. I also attest that the structure is not owned by the State of Maryland, a political subdivision of the State, or the Federal government, and that I own the property or the portion of the property, described above. I understand that intentional falsification of factual representations in this application are subject to civil penalties and imprisonment for up to 10 years pursuant to Tax General Article §§ 13-703 and 13-1002(b), Annotated Code of Maryland.										
	Name S				Signature	Signature			Date		
	Organization				Last 4 digits of 8 Identification Nu	SSN (or full Taxpayer ımber)					
	Street				City				State		
	Zip	Telephone _			Email	Address					
МН	IT Official Use On	ily									
The	Maryland Historical Tr	ust has reviewed the Histo	oric Revitaliza	ation Tax Credit A	pplication – Pa	rt 3 for the above-lis	sted "certified historic structu	ure" and has o	determined that:		
	where applicable, th rehabilitation." Quest projects may be insp the right to make insp not undertaken as pr	e district in which it is lo ions concerning specific ected by an authorized pections at any time up	cated. Effect tax consect representation to five years the application	ctive the date indi quences or interp ive of the MHT D s after completior ation form and su	icated below, pretations of M Director to deten n of the rehab upporting docu	the rehabilitation of aryland tax law sl ermine if the work ilitation and to rev mentation, or the	and is consistent with the of the "certified historic str hould be addressed to the meets the Standards for f roke certification, if it is der owner, upon obtaining ce tion.	ucture" is he Comptroller Rehabilitatior termined tha	reby designated a "cert r of the Treasury. Comp n. The MHT Director res t the rehabilitation proje	ified leted serves ct was	
	equivalent building for	mpleted rehabilitation was previously designated a "certified rehabilitation" for purposes of claiming the 20% credit and has now been certified as a LEED Gold or ilent building for claiming the additional 5% credit. mpleted rehabilitation was previously designated a "certified rehabilitation" for purposes of claiming the 20% credit and has now been certified as a Level 1 Opportunit									
	Zone project for clain	ning the additional 5% o	redit.				ng the 20% credit and has ng the 20% credit and has			-	
\square	Zone project for clain	ning the additional 7.5%	credit.		nitation ioi pl		ig the 2070 Great and has	HOW DEELLCE	eruneu as a Lever 2 Opp	Jonumity	

the completed rehabilitation is not consistent with the Secretary of the Interior's Standards for Rehabilitation, eligibility requirements, and/or does not comply with program requirements and therefore certification is denied.

COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK

Property name							
Property address							
5. Additional Owners Continue on additional sheets as needed to list all or							
Name	SSN or Taxpayer Identification Number						
Street Address							
	State Zip						
Name	SSN or Taxpayer Identification Number						
Street Address							
	State Zip						
Name	SSN or Taxpayer Identification Number						
Street Address							
	State Zip						
Name	SSN or Taxpayer Identification Number						
Street Address							
	State Zip						

6. Independent Accountant's Report and Schedule of Rehabilitation Costs Attach a report from an independent Certified Public Accountant summarizing their examination of the Schedule of Rehabilitation Costs and Calculation of Qualified Rehabilitation Expenditures. Attach supporting schedules and calculations to the report.

7. Corporate Diversity Attach either (a) a Corporate Diversity Addendum form as part of the annual report that is filed with the SDAT under Tax-Property § 11-101(d), or (b) an affidavit establishing that the entity is exempt from the state law's Corporate Diversity requirements.