



Department of Economic and  
Community Development

State Historic Preservation Office

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**CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM**

**PART 3 APPLICATION : REQUEST FOR CERTIFICATION OF COMPLETED REHABILITATION WORK**

1. BUILDING DATA

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Part 2 application (Request for Certification of Proposed Rehabilitation Work) approved \_\_\_\_\_

Project # \_\_\_\_\_

2. OWNER

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ e-mail \_\_\_\_\_

FEIN, Social Security Number, or CT Tax Registration # \_\_\_\_\_

Check one:

- Non-profit housing corporation documentation attached (check one):
  - copy of certificate of incorporation
  - copy of certification letter as Community Housing Development Organization (CHDO)
  - other data, specify: \_\_\_\_\_
- Non-profit housing corporation documentation previously filed.
- Non-profit housing corporation documentation does not apply.

3. DATA ON REHABILITATION PROJECT

Date rehabilitation work completed \_\_\_\_\_ Number of residential units \_\_\_\_\_

Total Rehabilitation Expenditures \$ \_\_\_\_\_

Date of tax credit reservation \_\_\_\_\_ Reservation # \_\_\_\_\_

4. OWNER CERTIFICATION

I hereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut Historic Homes Rehabilitation Tax Credit Program. I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

The Department of Economic and Community Development has reviewed the Part 3 application, "Request for Certification of Completed Work," for the above-listed historic property and has determined that:

- The completed rehabilitation work meets the Standards for Rehabilitation.
- The completed rehabilitation work does not meet the Standards for Rehabilitation.  
Comments attached.

Tax credit reservation # \_\_\_\_\_ is hereby cancelled.

\_\_\_\_\_  
Authorized signature  
Department of Economic and Community Development

Date \_\_\_\_\_