



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

INSTRUCTIONS:

Complete both sides of this form. All owners are required to attach as part of this application the "Owner Occupancy Assurance Statement" (RTC-4-1). If the owner is requesting that the tax credit voucher be issued to a third party, the owner must provide: (a) "Contributing Taxpayer Statement of Funds Transaction" (RTC-4-2) from each taxpayer and (b) notarized form, "Owner Certification of Taxpayer as Contributing" (RTC-4-3).

Tax Credit Reservation # _____

1. HISTORIC PROPERTY

Address: Street _____
Town _____ State _____ Zip _____

Project # _____

Date Part 3 (Request for Certification of Completed Rehabilitation Work) approved _____

copy of certified Part 3 application enclosed

2. OWNER

Name _____

Organization _____

Address: Street _____
Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

Taxpayer Social Security, FEIN, or CT Tax Registration # _____

Non-profit housing corporation documentation attached:

- copy of certificate of incorporation or
- copy of certification letter as Community Housing Development Organization (CHDO) or
- other data, specify: _____

3. PROJECT COSTS AND PAYMENT

Total qualified rehabilitation expenditures \$ _____

Documentation:

- a. Accounting of qualified rehabilitation expenditures
- b. Mechanics lien waiver(s) Copy of paid invoices Copies of canceled checks
- Other data, specify: _____

or

- c. Previously submitted



4. ASSIGNMENT OF TAX CREDIT VOUCHER

Check one:

- I hereby request that the tax credit voucher for the above-listed historic property be assigned to the owner named in item #2.
I hereby request that the tax credit voucher for the above-listed historic property be assigned to one or more taxpayers named below:

Name of Corporation
Contact
Address: Street
Town State Zip
Telephone #
Taxpayer FEIN or CT Tax Registration #
Percentage amount of total tax credit

Name of Corporation
Contact
Address: Street
Town State Zip
Telephone #
Taxpayer FEIN or CT Tax Registration #
Percentage amount of total tax credit

5. OWNER CERTIFICATION

I hereby attest that I am the owner of the above-listed historic property 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

Tax credit voucher # Amount \$ Date of issuance

Tax credit voucher # Amount \$ Date of issuance



CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

OWNER-OCCUPANCY ASSURANCE STATEMENT

1. HISTORIC PROPERTY

Address: Street _____
Town _____ State _____ Zip _____

2. OWNER

Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____

Telephone # _____

Taxpayer Social Security, FEIN, or CT Tax Registration # _____

3. OWNER-OCCUPANCY STATEMENT

Check one:

- As the owner of the historic property named above, I hereby agree to occupy the historic property as my primary residence during the five-year occupancy period required in CGS 10-416.
- As the owner of the historic property named above, I hereby agree to convey the historic property to a new owner who will occupy the historic property during the five-year occupancy period required in CGS 10-416.

Signature of Owner _____ Date _____



CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

CONTRIBUTING TAXPAYER STATEMENT OF FUNDS TRANSACTION

OWNER TO COMPLETE THIS SECTION

1. Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____
Taxpayer Social Security, FEIN, or CT Tax Registration # _____

2. Historic Property
Address: Street _____
Town _____ State _____ Zip _____
Project # _____
-
-

CONTRIBUTING TAXPAYER TO COMPLETE THIS SECTION. ATTACH COPY OF CERTIFICATE OF LEGAL EXISTENCE.

Name of Corporation _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____ FEIN or CT Tax Registration # _____

In accordance with State of Connecticut regulations Section 10-320j-9 (a), the above-named corporation is contributing to the rehabilitation of the above-listed historic property in the form of

(check one)

- cash grants applying the tax credit to reduce the amount owing on an extension of credit

_____ Date _____
Signature of duly authorized representative

Print name and title of signatory _____

Citation: Section 10-320j-9(a)

(a) As used in this section, "contributing" means providing funds, including cash, grants, or extensions of credit, with, in cases of extension of credit, the tax credit being applied toward the reduction of the amount owing on the extension of credit.



CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

OWNER CERTIFICATION OF TAXPAYER AS CONTRIBUTING

OWNER TO COMPLETE THIS SECTION

1. Name _____
Organization _____
Address: Street _____
Town _____ State _____ Zip _____

2. Historic Property
Address: Street _____
Town _____ State _____ Zip _____
Project # _____

3. Contributing Taxpayer
Name of Corporation _____
Address: Street _____
Town _____ State _____ Zip _____
Telephone # _____

FEIN or CT Tax Registration # _____

OWNER TO EXECUTE THIS SECTION ONLY IN PRESENCE OF NOTARY PUBLIC

In accordance with State of Connecticut regulations Sections 10-320j -9 (a) and (d), I hereby attest that the corporate taxpayer named above is contributing to the rehabilitation of the above-listed historic property.

Signature of Owner _____ Date _____

Subscribed and sworn to before me at _____, Connecticut,

this _____ day of _____, 201 .

NOTARY PUBLIC