

Historic Homeownership Rehabilitation Credit Application



Parks, Recreation,
and Historic Preservation

PART 1 & 2

(Please refer to the Application Instructions before completing)

1. **Address of Property:** _____

City/Town/Village: _____ County: _____ Zip: _____

2. **Owner:** Name(s): _____

Mailing Address (if different than property): _____

City/Town/Village: _____ Zip: _____

Phone Number: _____ Email Address: _____

If more than one owner, attach sheet with 2nd owner's name/contact information. Include the % of ownership for each.

3. **Project Contact:** (If other than owner)

Name and Address: _____

Phone Number: _____ Email Address: _____

4. Checklist (Required):

A. Program Qualification Requirements (see Application Instructions)

- State/National Register Listed (individually or contributing to a Historic District) Yes No
Name of Historic District: _____
Approximate date of original construction: _____
- Located in a Qualifying Census Tract Yes No
- Project expenditures will be a minimum of \$5000 Yes No
- At least 5% of project expenditures are for exterior work Yes No

*(If you checked **No** to any of the above questions, you may not qualify for the credit. Please contact DHP staff)*

B. Does the home have an income-producing component? Yes No

(i.e. multi-family, home office, B&B, etc. If yes, you must complete the Project Completion Work Sheet for Income-Producing Homes with your Part 3 application)

Indicate the percentage of the square footage that you live in: _____

C. Has work of the project begun? Yes No

(If yes, please attach description of what work is already in progress and why)

D. Total estimated project cost \$ _____

E. I have enclosed:

- Exterior photos of all visible elevations of the house.
- Photos of all areas of proposed work keyed to site/floor plans
- Project worksheet(s) describing proposed work
- Approval of local preservation commission or planning board (if applicable, not mandatory)
- Construction Plans (if applicable to the project)
- Manufacturer's Product information (if applicable to the project)
- Processing Fee (see Application Instructions for Fee Schedule)

F. I give permission to share submitted images for program promotion

Yes No

5. Disclaimer:

The New York State Office of Parks, Recreation and Historic Preservation (OPRHP) does not provide legal, tax or accounting advice; the information provided is intended to be general in nature; and tax credit applicants are strongly encouraged to consult their own professional tax, accounting and legal advisors on individual tax matters, or consult the NYS Department of Taxation and Finance or the Internal Revenue Service (IRS). OPRHP is not responsible for the information or advice provided as it may affect the specific tax consequences to any individual (including sole proprietor), corporate, partnership, estate or trust taxpayer, which will depend on many other facts and circumstances. The information is for the general benefit of persons interested in obtaining certifications from OPRHP that may allow them to qualify for federal or state historic properties tax credits. Given the frequency of changes in federal and state tax laws, regulations and guidance, of necessity, the information cannot be expected to be completely current and it represents a good faith effort to reference controlling laws and regulations as accurately as possible.

I have read the above statement Initial here: _____

6. Income Waiver:

Will your New York Adjusted Gross Income for the tax year in which you claim the credit be \$60,000 or below? Yes No

If the "Yes" box is checked:

- The processing fee will **not** be charged
- Your Part 2 form **must** be signed, and your signature **must** be notarized (below)

If the "No" box is checked

- Your signature does not need to be notarized
- Your processing fee check must be included with this application (See page Application Instructions for fee schedule)

Penal Law Section 175.35 states: Offering a false instrument for filing is a class E felony.

State of _____, County of _____

On this _____ day of _____ 20____, before me personally appeared _____, to me known and known to me to be the same person(s) described in and who executed the forgoing instrument, and _____ he duly acknowledged to me that _____ he executed the same for the purposes indicated therein.

Notary Public, _____
 (signature) (Please affix stamp)

7. Signatures: (Original signatures are needed, scanned or copied forms will not be accepted)

(If more than two owners, attach a sheet with the additional owner's signature(s) and date(s))

Owner Signature: _____ Date: _____

Owner (2) Signature: _____ Date: _____

FOR STATE USE ONLY Part 1

Review number assigned: _____ Fee Paid: Yes No

Notary Signature: Yes No Check # _____ Date: _____ Amount: _____

Fee is correct: Yes No Indicate if fee was returned: Yes No Date Returned _____

Mail completed form to: OPRHP, PO Box 189, Waterford, NY 12188

Part 2 - Project Work Sheet *(Print additional sheets as needed)*

**Please note that costs indicated in the Part 2 work sheet can be approximated values of the anticipated expenditures provided by the applicant. Contractor estimates are not required for Part 2 approval. Exact numbers of final costs will be submitted with the Part 3.*

Photo # <small>(Key photos to construction plans if they are submitted)</small>	Title of Work Proposed	Existing Condition	Proposed Work	Estimated Cost*
Total Estimated Cost:				

Part 2 - Project Work Sheet continued

Photo # <small>(Key photos to construction plans if they are submitted)</small>	Title of Work Proposed	Existing Condition	Proposed Work	Estimated Cost*
Total Estimated Cost:				