Historic Homeownership Rehabilitation Credit Application



New York State offers the credit based on New York State Consolidated Tax Law- Article 11: Part 1: Section 606.

PART 1 & 2

(Ple	ase refer to the Application Instructions before completing)		
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	Address of Property: County:	Zip:	
	Owner: Name(s):		
	ling Address (if different than property):		
	/Town/Village:Zip:		
	ne Number: Email Address:		
3.	Project Contact: (If other than owner)		
Nan	ne and Address:		
	ne Number: Email Address:		
4.	Checklist (Required):		
A.	Program Qualification Requirements (see Application Instructions)		
	State/National Register Listed (individually or contributing to a Historic District	t) 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 <u>No</u> to any of the above questions, you may not qualify for the credit. Please	contact DHP sta	aff.)
B.	Does the home have an income-producing component? (i.e. multi-family, home office, B&B, etc. If yes, you must complete the Project Completic Income-Producing Homes with your Part 3 application) If yes, indicate the percentage of the square footage that you live in:		No □ or
C.	Has work of the project begun? (If yes, please include a brief description of what work is already in progress and wh	Yes 🗖	No □
D.	Total anticipated project cost \$		
E.	I give permission to share submitted images for program promotion	Yes 🗖	No 🗖

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I have read the above statement.

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.

Initial here:

6.	 Income Waiver: Will your New York Adjusted Gross Income for the tax year in which you claim the credit be above \$60,000? Yes □ No □ If the "Yes" box is checked, your \$25 processing fee must be submitted with this application If the "No" box is checked, your income level qualifies you for an exemption from NYS processing fees
Th	e above statement is true. Initial here:
	ote: Offering a false instrument for filing to a public officer could subject you to misdemeanor or felony charges oder Penal Law Sections 175.30 and 175.35.
7.	Attachments (required unless otherwise noted): □ Photos of the accessible sides of the building's exterior, and numbered photos showing all areas of the proposed work □ Site Plan Photo Key - Show us where the photos were taken by placing each photo number on a sketch or simple plan view of each floor (see the Application Instructions for example) □ Approval of the local preservation commission or equivalent (if applicable, not required) □ Architects' or contractors' drawings and specifications (if they were created for the project) □ Manufacturer's Product information for new materials/products being installed (ex. windows, doors, roofing)
8.	Signatures:
Ov	vner Signature: Date:
Ov	vner (2) Signature: Date:

Part 2 - Project Work Sheet

*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 # (Key photos to construction plans if they are submitted)	Title of Work Proposed	Existing Condition	Proposed Work	Anticipated Cost*
	O			

Part 2 - Project Work Sheet continued

Photo # (Key photos to construction plans if they are submitted)	Title of Work Proposed	Existing Condition	Proposed Work	Anticipated Cost*
	S			
			Total Anticipated Cost:	

Additional Project Work Sheet pages can be uploaded as attachments if necessary.

The worksheets are complete.	Initial here:
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Historic Homeownership Rehabilitation Credit Part 1&2 Application Review



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FOR STATE USE ONLY	Project Number:
Part 1 Certification: The Property is a Certified Historic Stru	ucture:
Name of Historic District:	
Part 1 Reviewer Signature:	Date:
Part 2 Certification: The proposed rehabilitation work is con	nsistent with the Standards:
☐ Yes ☐ Yes (see attached Conditions Sheet)	□ No
Part 2 Reviewer Signature:	Date:
Reviewer Email Address:	

Thank you for applying for the New York State Historic Homeownership Rehabilitation Credit for the rehabilitation project at your home. New York State offers the credit based on New York State Consolidated Tax Law- Article 11: Part 1: Section 606.

The above certifications mean that you may start the project as described. If the scope of work changes during the process, please submit an amendment sheet for review and approval.

Once your project is complete, you will need to submit the Part 3 application. Upon review and approval of the Part 3, OPRHP will issue a Certificate of Completion (COC) for you to use when you file your state income tax return (refer to NYS Tax form IT-237). The tax credit is taken in the year in which Part 3 certification is issued. Please note that it can take up to 30 days for our office to process your application. Therefore, we strongly recommend submitting your Part 3 no later than December 1 in the year in which you plan to take the credit. If you have any questions, please feel free to contact the Part 2 reviewer listed above.

Sincerely,

R. Daniel Mackay

Deputy Commissioner for Historic Preservation Deputy State Historic Preservation Officer

parks.ny.gov/shpo/tax-credit-programs/

^{***}The above signed certification indicates that the applicant may proceed with the work as described.***

Historic Homeownership Rehabilitation Credit Fee Payment Authorization



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PAYMENT METHOD: Check Credit Card				
Check Date: Check Num	ber:	Check Amount: \$		
Make checks payable to NYSOPRHP and incl	ude the NYS Project I	Number in the check memo		
Print a copy of this page and Mail to: NYS DH	P, Peebles Island Sta	te Park, PO Box 189, Waterford, NY 12188-0189		
CARD TYPE: Amor Vice	Discover —	MontovCove		
CARD TYPE: Amex Visa		MasterCard		
CARD NUMBER:		Exp. Year:		
V CODE: (three-digit code on back	of card, or for Amex 4	I-digit code on the front)		
NAME ON CARD:	<u> </u>			
CARD HOLDER PHONE NUMBER:				
BILLING ADDRESS: Check if same as	s Mailing Address fo	r Historic Property		
Street Address:				
City:	State:	Zip Code:		
TOTAL AMOUNT TO BE PROCESSED: \$				
Please be advised your credit card statement will s	how the charge is from A	ASPIRA NYS PARKS RES or RAO NY STATE PARKS		
To submit your application, select the yellow "Finish" button located in the upper right-hand corner of the screen. A pop-up screen will appear confirming the form has been submitted.				
	view your application	of payment. Office of Parks, Recreation, and n. They will reach out to you if any additional ith a copy of the final certified form.		
Office use only	Pr	rocessed by:		
Comments:				