|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions**: This page must bear the applicant's original signature and must be dated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NPS Project Number** | | | | | | | |
|  | | | | | | | |
| **1. Property Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | |  | | | | | | | | | | | County | | | | |  | | | | | | | | | State | | |  | | | Zip | |  |
| Is property a certified historic structure?  Yes  No If yes, date of NPS certification:       OR date of National Register listing:      . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Project Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Start Date | | | | | | | | | |  | | | | Project completed and building placed-in-service date | | | | | | | | | | | | | | | | | | | | | |  | |
| Estimated rehabilitation costs (QRE) | | | | | | | | | |  | | | | Total estimated costs (QRE plus non-QRE) | | | | | | | | | | | | | | | | | | | | | |  | |
| Number of housing units before / after rehabilitation | | | | | | | | | | / | | | | Number of low-moderate housing units before / after rehabilitation | | | | | | | | | | | | | | | | | | | | | | / | |
| **3. Project Contact** (if different from applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | Company | | | | |  | | | | | | | | | | | | | | | |
| Street | | | |  | | | | | | | | City | | | | |  | | | | | | | | | | | | State | | |  | | | Zip | |  |
| Telephone | | | | |  | | | | | | | | | | | Email Address | | | | | | |  | | | | | | | | | | | | | | |
| **4. Applicant**  (List all additional owners on next page.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011). For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 8 years. Additionally:  If I am not the fee simple owner of the above described property, then I have checked this box to attest that the fee simple owner is aware of the action I   am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached   to this application form and incorporated herein, or has been previously submitted, and (b) meets the requirements of 36 CFR § 67.3(a)(1) (2011). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant, SSN, or TIN has changed since previously submitted application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| There are no additional owners within the meaning of "owner" set forth in 36 CFR § 67.2 (2011). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | Signature | | | | | | |  | | | | | | | | | | Date | | | |  | | | | | | |
| Applicant Entity | | | | | | |  | | | | | | SSN | | | | |  | | | | | | | | | | or TIN | | | |  | | | | | | |
| Street | | | |  | | | | | | | | City | | | | |  | | | | | | | | | | | | | State | | |  | | Zip | |  |
| Telephone | | | | |  | | | | | | | | | | | Email Address | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NPS Official Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The National Park Service has reviewed the Historic Preservation Certification Application – Request for Certification of Completed Work (Part 3) for this property and has determined that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the completed rehabilitation meets the Secretary of the Interior’s Standards for Rehabilitation and is consistent with the historic character of the property   and, where applicable, the district in which it is located. Effective the date indicated below, the rehabilitation of the “certified historic structure” is hereby   designated a “certified rehabilitation.” This certification is to be used in conjunction with appropriate Internal Revenue Service regulations. Questions   concerning specific tax consequences or interpretations of the Internal Revenue Code should be addressed to the Internal Revenue Service. Completed   projects may be inspected by an authorized representative of the Secretary to determine if the work meets the Standards for Rehabilitation. The Secretary   reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the   rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining   certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary’s Standards for Rehabilitation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the completed rehabilitation meets the Secretary of the Interior’s Standards for Rehabilitation. However, because this property is not yet a “certified historic   structure,” the rehabilitation cannot be designated a “certified rehabilitation” eligible for Federal tax credits at this time. It will become a “certified historic   structure” on the date it or the historic district in which it is located is listed in the National Register of Historic Places. On that date, the completed   rehabilitation will automatically become a “certified rehabilitation.” It is the owner’s responsibility to obtain such listing through the State Historic Preservation   Office. Questions concerning specific tax consequences or interpretations of the Internal Revenue Code should be addressed to the Internal Revenue   Service. Completed projects may be inspected by an authorized representative of the Secretary to determine if the work meets the Standards for   Rehabilitation. The Secretary reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke   certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting   documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the   Secretary’s Standards for Rehabilitation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the   Secretary of the Interior’s Standards for Rehabilitation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A copy of this determination will be provided to the Internal Revenue Service in accordance with Federal law. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | National Park Service Authorized Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NPS comments attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Name | | | | | | | |  | | | | | | | | | | | | | NPS Project Number | | | | |  | | | | | | | | | | | | |
| Property Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Owners.** Continue on additional sheets as needed to list all owners. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | |  | | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | SSN | | |  | | | | | | or TIN | | | | |  | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | State | | | |  | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NOTICES**

**Privacy Act Statement**

**Authority:** 26 U.S. Code § 47 - Rehabilitation credit; 26 U.S. Code § 170 - Charitable, etc., contributions and gifts.

**Purpose:** To enable the Secretary of the Interior to evaluate the historic significance of structures and whether the rehabilitation of such structures preserves their historic character. The primary use of this information by the Secretary of the Interior will be to certify to the Secretary of the Treasury that the applicant is eligible for Federal tax incentives for historic preservation. This application is used by the Interior Revenue Service to confirm that applicants for the tax incentives have obtained the certification concerning historic structures and historic rehabilitations that are required by law.

**Routine uses:** The information will be used by the National Park Service and the State Historic Preservation Offices and disclosed to the Internal Revenue Service to determine if the applicant is eligible for Federal tax incentives.

**Disclosure:** Voluntary, however, failure to provide the requested information may prevent or impede you from receiving consideration for the requested benefit.

**Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b):** Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 31 U.S.C. 7701. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

**Paperwork Reduction Act Statement**

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) through the State Historic Preservation Offices to enable the Secretary of the Interior to evaluate the historic significance of structures located in historic districts, and to evaluate the rehabilitation of such structures. The primary use of this information by the Secretary of the Interior will be to certify to the Secretary of the Treasure that the applicant is eligible for Federal tax incentives, or that the applicant is not eligible for such incentives. This application is used by the Interior Revenue Service to confirm that applicants for the tax incentives have obtained the certification concerning historic structures and rehabilitations that are required by law. All applicable parts of the form must be completed in order to receive consideration for the requested benefit. A Federal agency may not conduct or sponsor, and a person is not required to respond a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection and assigned it control number 1024-0009.

**Estimated Burden Statement**

Public reporting burden for this form is estimated to average 17 hours per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate, or any aspects of this form, to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.

**THIS PAGE DOES NOT NEED TO BE PRINTED OUT FOR APPLICATION – FOR APPLICANT RECORDS ONLY.**