



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House • 150 Benefit Street • Providence, R.I. 02903-1209

TEL (401) 222-2678 FAX (401) 222-2968  
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**2013 HISTORIC PRESERVATION INVESTMENT TAX CREDIT  
PART 3 Application: Request for Certification of Completed Rehabilitation**

[Application Number (Office use only) \_\_\_\_\_]

Name of property \_\_\_\_\_

Street address of property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of Project Contact Person \_\_\_\_\_

Mailing Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Historic Certification:** Has a Part 1 Approval been issued for this project?

Yes \_\_\_ No \_\_\_ If yes, date of Part 1 Certificate \_\_\_\_\_

(If the property received a preliminary historic certification, has the property been listed in the National Register or

State Register? No \_\_\_ Yes \_\_\_ Date of listing: \_\_\_\_\_)

**Tax Exempt Property:** Under the provisions of RI General Laws 44-3-3, is this property exempt from payment of real property taxes? No \_\_\_ Yes \_\_\_

**Phased Projects:** Is this a phased project? No \_\_\_ Yes \_\_\_ Phase \_\_\_ of \_\_\_

(If yes, attach a description how the completed work is consistent with the phasing schedule that was submitted with the approved Part 2 application.)

**25 Percent Commercial Credit** Certify if at least twenty-five percent of the gross rentable area of the building or the entire first floor is for a trade or business.

No \_\_\_ Yes \_\_\_

(This Form is continued on page 2)

Name of property \_\_\_\_\_

Address of property \_\_\_\_\_

Project Start Date (on or after July 3, 2013):

Placed in Service Date:

Adjusted basis of the building at the beginning of the rehabilitation:  
(on or after July 3, 2013)

Amount of Qualified Rehabilitation Expenditures:

Amount of project costs incurred but not eligible for the tax credit:  
(not including cost of acquisition of the property)

Tax Credit Amount that the Division of Taxation has allocated  
for the project, but not more than \$5 million:

Number of total jobs created:

    Full time equivalents:

Cost of construction labor:

Number of Rhode Island businesses retained for work:

Cost of materials & products purchased from Rhode Island businesses:

Amount of Rhode Island Sales Taxes paid:

Property tax assessed value at the beginning of the project:

Property tax assessed value at the end of the project:

Use of the property BEFORE rehabilitation:

Use of the property AFTER rehabilitation:

Number of housing units in completed project:

    Number of housing units committed to Affordable Housing:

Square feet of commercial space rehabilitated:

(This form is continued on Page 3)

**Person or Entity that incurred Qualified Rehabilitation Expenditures** \_\_\_\_\_

Social Security Number or Taxpayer Identification Number \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

If the rehabilitation expenditures were incurred by a lessee or anyone other than the fee owner, provide the following information:

**Owner's Name** \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

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

**Restrictive Covenant** Attach a copy of the Declaration of Restrictive Covenants form provided by the RIHPHC executed by the fee owner of the property. The RIHPHC will sign and return the executed copy to the Applicant for recording. This Historic Tax Credit Application is not complete until RIHPHC receives a certified copy of the recorded Declaration of Restive Covenants.