



Louisiana Division of Historic Preservation

State Residential Rehabilitation Tax Credit

A Guide to Completing the Applications

Three Part Application Process

Preliminary Application - A

- ♦ Determines if the building:
 - contributes to the significance of the National Register District, local historic district, Main Street District, Downtown Development District or Cultural District or
 - the building is Individually Listed on the National Register or eligible for listing on the Register or
 - the building is vacant and blighted and at least 50 years old
- ♦ The Part A application form must have been submitted **prior to the completion** of the rehabilitation work

Proposed Rehabilitation Application - B

- ♦ The Division of Historic Preservation (DHP) reviews for conformance with the Secretary of the Interior's Standards for Rehabilitation.
- ♦ **Applicants who begin construction prior to obtaining an approved Part B are proceeding at their own risk.**
- ♦ If the proposed work meets the Standards, DHP issues a preliminary decision approving the work. Or, the proposed work may be given a conditional approval that outlines specific modifications required to bring the project into conformance with the Standards.

Certificate of Completion - C

- ♦ Requests final approval of the **completed** work.
- ♦ DHP evaluates the completed project and compares it with the approved Part B application.
- ♦ If it meets the Standards, DHP approves the project as a certified rehabilitation.

Preliminary Application - A

- ◆ Original, signed form
 - All blanks **must** be filled
 - The **owner's original signature** is required
- ◆ Photographs completely documenting the exterior of the building, along with 1-2 interior views

**State of Louisiana
Residential Rehabilitation Tax Credit
Preliminary Application - A**

Mail original application, along with all supporting documentation to:
Tax Act Staff, Division of Historic Preservation, P.O. Box 44247, Baton Rouge,
LA 70804. Phone (225) 342-8160, Fax (225) 342-8173, Web www.louisianahp.org

State Office Use Only
Date Received

1. Applicant's Name Joe Williams, Jr Email Address jwir@gmail.com
2. Address of Property 456 South St
City Anycity State Louisiana Zip Code 12345
3. Phone Number (123) 456-7890 Fax Number () n/a
4. Mailing Address (if different than property address)
City _____ State _____ Zip Code _____

5. Location (check appropriate box):

- ☒ Name of National Register District Main Street Historic District
☐ Name of locally designated historic district _____
☐ Name of Main Street District _____
☐ Name of listing in National Register of Historic Places _____
☐ Name of Downtown Development District or Cultural District _____
☐ Eligible for listing in the National Register of Historic Places _____
☐ Vacant and blighted building at least 50 years old _____

6. Is this/Will this building be your primary residence? **YES** / NO If **no**, you will not qualify.

7. Will the estimated rehabilitation costs exceed \$10,000? **YES** / NO If **no**, you will not qualify.

8. Will the completed project be a mixed-use structure (commercial/residential)? YES / **NO**
8a. If yes, will a Federal Historic Rehabilitation Tax Credit Application be submitted? YES/NO
8b. If yes, will a State Commercial Tax Credit Application be submitted? YES/NO

9. Attach photographs of all exterior views and 1-2 interior views. Photos may be 3x5/4x6 drugstore quality prints, or high quality digital prints. **No** Polaroids, photographs sent via email, or photographs on disk (CD or DVD) will be accepted.

10. By signing below, I indicate that I have read and understand the Guidelines that are associated with this program. Failure to sign in the space below will result in the application being returned to the Applicant. (**Blue ink only**)

Signature [Signature] Date 4.1.12

Signature (if joint application) _____ Date _____

State Office Use Only

The Division Director hereby certifies that the above-listed building is a Certified Historic Structure for the purposes of the Residential Historic Rehabilitation Tax Credit Program.

Date

Authorized Signature: Director of the Louisiana Division of Historic Preservation

Only one box
must be checked

Both #6 & #7 **must** be
"Yes" in order to
qualify.

Photographs must
be submitted with
the application

Applications must be
signed in **blue ink** by
all owners

Do NOT sign here.
This will be completed
by the State Office
upon approval.



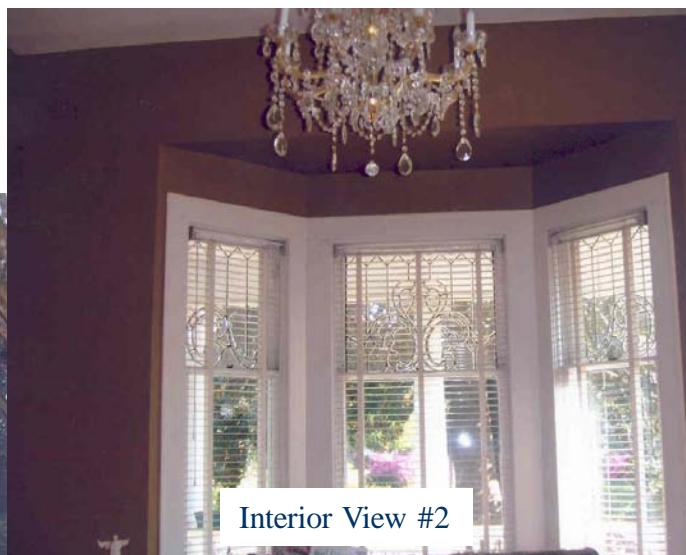
Façade and Side View



Interior View #1



Rear Side View



Interior View #2



Side Yard View



Façade View

Preliminary Application - A Checklist

- ☐ Application Form
 - ☐ All fields are completed
 - ☐ The owner has **signed** and **dated** the form
- ☐ Photographs
 - ☐ Approximately 4-6 photographs completely documenting all exterior elevations, along with 1-2 interior views
 - ☐ At least 4" x 6" in size
 - ☐ On photo quality paper

Proposed Rehabilitation Application - B

- ◆ Original form
 - All blanks **must** be filled
- ◆ Detailed description of **all** proposed work provided on the Proposed Rehabilitation Application Continuation Sheet – B2
 - Even work that may not be a qualified cost for the credit (such as additions and landscaping) **must** be included
- ◆ **Before** photographs that show the exterior, interior, and surroundings
- ◆ Photo key
- ◆ If changes are proposed to the existing floor plan, an **After** floor plan **must** be submitted
- ◆ \$250 Review Fee made payable to the Louisiana Division of Historic Preservation

**State of Louisiana
Residential Rehabilitation Tax Credit
Proposed Rehabilitation Application - B**

State Office Use Only
Date Received

Project Number R111

1. Applicant's Name Joe Williams, Jr Email Address jwlr@gmail.com
2. Address of Property 456 South St
City Anycity State Louisiana Zip Code 12345
3. Phone Number (123) 456-7890 Fax Number () n/a
4. Mailing Address (if different than property address) _____
City _____ State _____ Zip Code _____
5. Applicant's Social Security Number 123-45-6789
6. Project Starting Date 7/01/12 Estimated Completion Date 7/01/14
7. **Attach 24 to 36 photographs, or enough to thoroughly document the condition of the building BEFORE the onset of work, keyed to a floorplan. If changes to the floorplan are proposed, an "after" floorplan must be attached as well.**

8. In the blocks on the following pages, describe the project. Each feature in its present condition should be described, as well as the work proposed for each feature and its impact. Use as many sheets as necessary to fully describe the project. All proposed work must be described, even though it may not be a qualified cost for the credit (such as additions and landscaping).

State Office Use Only

The Division of Historic Preservation has reviewed the Proposed Rehabilitation Application for the above-listed property and has determined:

- ☐ That the building is certified as a Qualified Residence, and that the rehabilitation described herein is consistent with the character of the property or the district in which it is located and that the project meets the U.S. Secretary of the Interior's Standards for Rehabilitation. This is a preliminary determination only, since a formal certificate of completion can be issued to the owner only after the rehabilitation work has been completed and approved.
- ☐ That the building is certified as a Qualified Residence, and that the rehabilitation or proposed rehabilitation will meet the U.S. Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met. This is a preliminary determination only, since a formal certificate of completion can be issued to the owner only after the rehabilitation work has been completed and approved.
- ☐ That the building is certified as a Qualified Residence, and that the rehabilitation described herein 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 U.S. Secretary of the Interior's Standards for Rehabilitation. A copy of this form will be provided to the Louisiana Department of Revenue.
- ☐ That the building is not certified as a Qualified Residence, and therefore does not qualify for the State Residential Rehabilitation Tax Credit. A copy of this form will be provided to the Louisiana Department of Revenue.

Date

Authorized Signature: Director of the Louisiana Division of Historic Preservation

☐ See Attachments

Address any questions to: Tax Act Staff, Division of Historic Preservation, P.O. Box 44247, Baton Rouge, LA 70804.
Phone (225) 342-8160, Fax (225) 342-8173, Web www.louisianahp.org

A SSN is
required

Fill in the start date and
the estimated
completion date

Do NOT sign here.
This area is for State
Office Use. The State
Office will review the
application and notice of
the determination will be
mailed to the owner.

BEFORE pictures
keyed to a floorplan
and after floorplans
are required

The written work
description **must** be
included with the
application

Sample Work Descriptions

Proposed Rehabilitation Application Continuation Sheet – B2

Describe one architectural feature per block

Item Number: 1
Arch Feature: **Windows**

Describe existing feature & its condition:

a- All second floor windows are original wood windows, but many contain plastic instead of glass. Others have broken panes. They are caked with paint, none of the counter weights are functioning, and a few mullions are broken.

b-The first floor façade windows were apparently removed when they removed the wrap around porch.

c-The second floor where the front staircase was located had two stained glass windows originally. Currently only one of them is in place. The other one is cut in half by a floor and no longer has stained glass.

d-The attic has circular frames where original windows use to be and rectangular frames for the front façade.

Describe proposed work and impact on existing feature:

Wooden windows will be restored-the sashes will be removed and repaired as needed, new glass will be installed as necessary, windows will be reglazed and counterweights and pulleys will be put back into use.

French doors have been approved by the Historic Districts Landmarks Commission ("HDLC") for the first floor façade windows, on which operable cypress shutters will also be installed.

The stained glass window where the original stairway was located will be restored to match its sister.

Circular attic windows have already been handmade from salvaged cypress and partially installed. Rectangular windows will be installed in the frames in the front.

Photo #: a-18, 19, 20, 22, 21, 25, 28, 27, 29; b-1; c-27; d-34, 36
Estimated Rehabilitation Cost: \$15,000

Provide a concise, thorough description of the **existing condition**. Provide details about the **location, materials, condition**, and other pertinent information.

Approval by a local historic commission **does not** guarantee approval by the State Office. Drawings or product information for the proposed doors **must** be submitted

This provides information as to materials and location. Drawings or product information for the proposed windows **must** be submitted

Identify the photographs that illustrate these items. Estimate the cost of the work for this item. An exact amount is not required!

This describes the work proposed for the wood windows and is the most appropriate treatment of the original windows

"Restored to match" is an appropriate treatment that means the new window will match the existing exactly.

Describe one architectural feature per block

Item Number: 4 Architectural Feature: Electrical System

Describe existing feature and its condition:

Electrical system is not up to code. Old knob and tube wiring is still live. Outlets in Living Room (1) and Dining Room (2) are not grounded

Describe proposed work and impact on existing feature:

See Attachment C: Electrical Plan for new wiring, switches and outlets.

Photograph Number: 20 Estimated Rehabilitation Cost: \$10,000

Referencing supplemental material is an acceptable method of conveying detailed information

Item Number: 6 Architectural Feature: HVAC, Attic Access

Describe existing feature and its condition:

There is currently no heating and cooling system in the upstairs. There is not adequate access to install an HVAC system in the attic.

Describe proposed work and impact on existing feature:

Install attic stairs in ceiling of 2nd floor bedroom (12) and install HVAC vents and system in attic.

Photograph Number: 22, 26 Estimated Rehabilitation Cost: \$ 8,000

The descriptions of existing condition are brief, but convey all necessary information. The proposed work includes location and materials.

Identify the photographs that illustrate these items. Estimate the cost of the work for this item. An exact amount is not required!

Item Number: 7 Architectural Feature: Plumbing

Describe existing feature and its condition:

Water heater to be moved and replaced with tankless water heater. Washer and dryer are currently in the kitchen and need to be moved to new area.

Describe proposed work and impact on existing feature:

Remove gas water heater from kitchen and install tankless water heater outside along exterior wall, right side bedroom (8). Flip plumbing for washer and dryer from kitchen (4) to middle hall (5) along the same wall.

Photograph Number: 4, 22, 27, 33 Estimated Rehabilitation Cost: \$2,000

Item Number: 8 Architectural Feature: Tongue and Groove - KITCHEN (4)

Describe existing feature and its condition:

Original tongue and groove siding where the side gallery used to be is still intact, but missing in some areas. This tongue and groove matches what is in the front hall (3).

Describe proposed work and impact on existing feature:

Remove tongue and groove for refinishing and to access electrical system. Reinstall along ceiling and kitchen walls (4). Purchase remilled or salvaged, approximately 100 square feet.

Photograph Number: 27, 29 Estimated Rehabilitation Cost: \$2,000

Incomplete Work Description

Proposed Rehabilitation Application Continuation Sheet – B2

Item Number: 18 Architectural Feature: Porch
Describe existing feature and its condition:
Porch gressed in - in 1980's

Describe proposed work and impact on existing feature:
Glass to be removed. porch restored

Photograph Number: 18 Estimated Rehabilitation Cost: 1,000

This description is too vague. Detailed information about the design of the restored porch, including elevations, must be submitted.

Item Number: 19 Architectural Feature: Porch
Describe existing feature and its condition:
Hole is in porch where metal staircase was added in 1980's

Describe proposed work and impact on existing feature:
Wood to be covered up porch restored

Photograph Number: 19 Estimated Rehabilitation Cost: \$5,000

This description is too vague. A complete description should describe the new roofline; specify the materials and size of the proposed siding; and specify the materials and style of the proposed replacement windows. Elevations and product details should be submitted.

Item Number: 20 Architectural Feature: Addition / Connection on back of house
Describe existing feature and its condition:
Cheap + ugly.

Describe proposed work and impact on existing feature:
Roof line will change, siding added. Door + stairs will be removed and windows added to match the style of original house

Photograph Number: 20 Estimated Rehabilitation Cost: \$15,000

Before Photographs

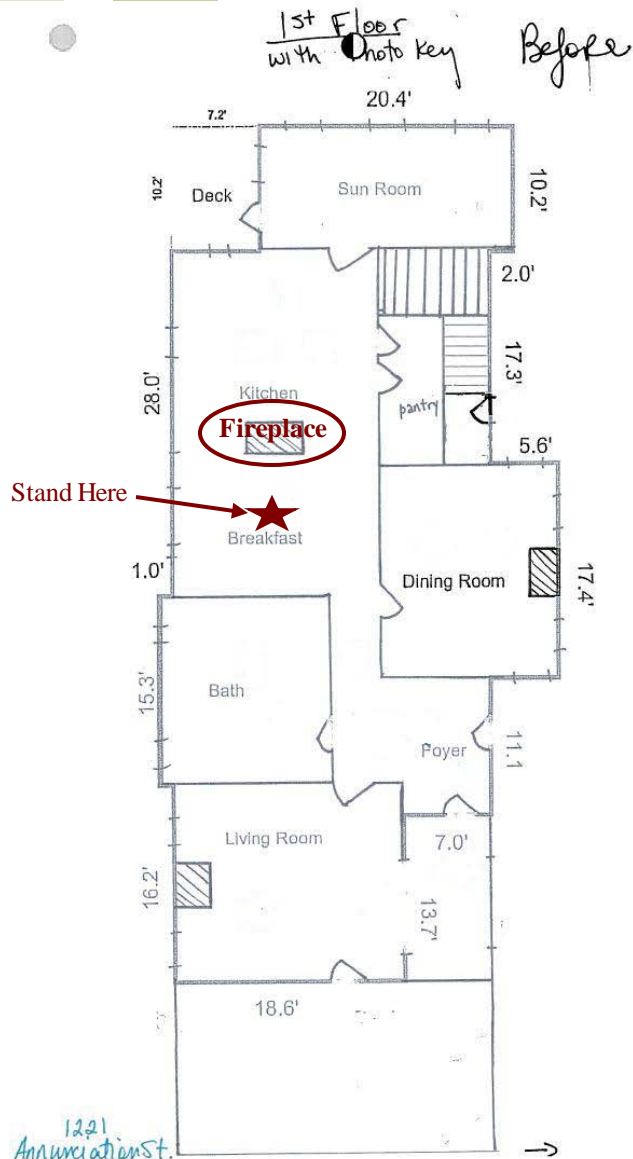
Do:

- ◆ Submit **color** photographs (at least **4" x 6"**)
- ◆ Use photo quality paper
- ◆ Provide 24-36 photographs taken **before** work begins
- ◆ Key photographs to a plan
- ◆ Label each photograph on the back with number, address, and brief description
- ◆ Submit photographs loose in an envelope

Do NOT:

- ◆ Print on plain paper
- ◆ Submit Polaroid's
- ◆ Submit photocopies of photographs
- ◆ Submit photographs via email or on CD
- ◆ Place photographs in individual sleeves in a binder or attach them to any sheet, folder, or booklet.

Creating the Photo Key



Each picture should be numbered. The number should correspond to the number on the floorplan. An arrow drawn on the floorplan should indicate the direction the photographer was facing when the photograph was taken.

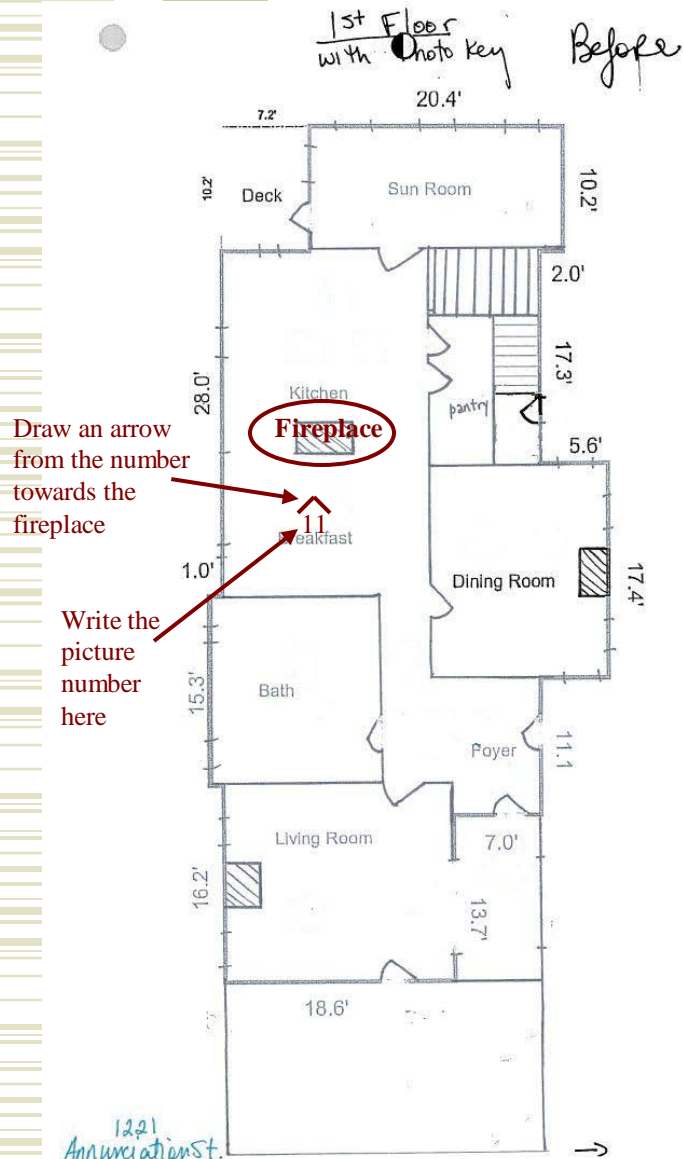
In this example, we will take a picture of the fireplace and key it to the floorplan.

Step 1: Start with a blank floor plan.

Step 2: Stand on the star facing the fireplace

Step 3: Take photograph of the fireplace

Creating the Photo Key



Step 4: Number the photograph. Here we will assign it #11.

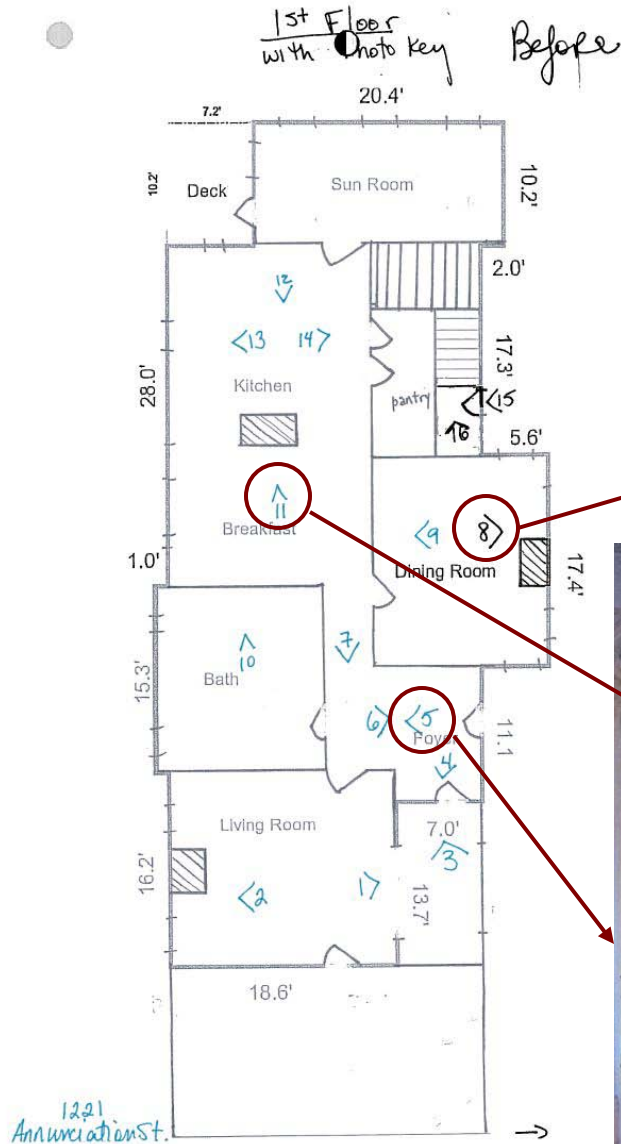
Step 5: Write the number “11” on the floorplan in the same spot you stood to take the photograph.

Step 6: Draw an arrow from the “11” on the floorplan towards the fireplace.

Step 7: Repeat for each photograph.



Sample Photo Key for Before Photographs



Proposed Rehabilitation Application - B Checklist

- ☐ Application Form
 - ☐ All fields are completed
- ☐ A detailed written description of **all** proposed work has been provided on the Proposed Rehabilitation Application Continuation Sheet – B2
- ☐ Before Photographs
 - ☐ At least 24-36 **color** photographs showing the interior, exterior, and surroundings are included.
 - ☐ At least 4” x 6” in size
 - ☐ On photo quality paper
- ☐ Photo Key
 - ☐ All photographs are **numbered, labeled, and keyed to a BEFORE floor plan**
- ☐ Floor Plans
 - ☐ If changes are proposed to the existing floor plan, an **AFTER** floor plan **must** be submitted
- ☐ Check for \$250 Application Fee payable to the Louisiana Division of Historic Preservation
- ☐ Application materials may be clipped together but are **not** bound in a binder, report, or any other format

Amendments

- ◆ Amendment Sheets- B3, with the name and address of the property, should be submitted promptly if a change occurs in the proposed work
- ◆ Amendment sheets **must** be signed and dated by the owner
- ◆ Submit the Continuation/Amendment sheets to DHP for review and approval **before** proceeding with the proposed changes

State of Louisiana
Residential Rehabilitation Tax Credit
Proposed Rehabilitation Application – B3
Amendment Sheet

State Office Use Only
Date Received

Project Number

Fill in the **address of the property**, not the mailing address of the owner.

1. Address of Property 547 Esplanade
City New Orleans State Louisiana Zip Code 70116

2. Use this sheet to amend the Proposed Rehabilitation Application, Part B, that was previously submitted.

Provide a concise, thorough description of the **existing condition**. Provide details about the **location, materials, condition**, and other pertinent information.

Item 12 - Small Bathroom upstairs floor
Flooring in bathroom damaged by termites
Repaired work -
replaced flooring with antique pine
flooring

Describe the proposed work, including materials.

All pages **must** be signed and dated.

May 11 Date
Ruth Bodenheimer Applicant's Name (printed)
Ruth Bodenheimer Applicant's Signature

State Office Use Only

The Louisiana Division of Historic Preservation has reviewed the Proposed Rehabilitation Application Amendment Sheet and has determined:

- ☐ That these project amendments meet the U.S. Secretary of the Interior's Standards for Rehabilitation.
☐ That these project amendments will meet the U.S. Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.
☐ That these project amendments do not meet the U.S. Secretary of the Interior's for Rehabilitation.

Date _____ Authorized Signature: Director of the Louisiana Division of Historic Preservation
☐ See Attachments

Address any questions to: Tax Act Staff, Division of Historic Preservation, P.O. Box 44247, Baton Rouge, LA 70804.
Phone (225) 342-8160, Fax (225) 342-8173, Web www.louisianahp.org

Do NOT sign here.
This area is for State Office Use. The State Office will review the application and notice of the determination will be mailed to the owner.

Certificate of Completion - C

- ◆ Original, signed form
 - All blanks **must** be filled
 - The **owner's original signature** is required
- ◆ **After** photographs keyed to an **after** floor plan.
 - Photographs must meet the same requirements as the **before** photographs (color, 4" x 6", photo quality paper, loose in envelopes)
 - If possible, provide the same views as shown in the **before** photographs.
- ◆ A certified accountant's statement (cost certification) showing the qualifying and non qualifying costs. Ensure that the numbers entered on the Part C match those on the accountant's statement.

State of Louisiana
Residential Rehabilitation Tax Credit
Certificate of Completion - C

State Office Use Only
Date Received

Project Number R111

Check this box and provide the requested information **only** if there are **multiple owners**

1. Applicant's Name Joe Williams, Jr Phone Number (123) 456-7890
☐ 1a. Check this box if there are multiple owners of the property who are eligible for tax credits. List the names and social security numbers of additional owners on the second page of this form, along with their percentage of credit.

2. Address of Property 456 South St

City Anycity State Louisiana Zip Code 12345

3. Mailing Address (if different than property address) _____

City _____ State _____ Zip Code _____

4. Applicant's Social Security Number 123-45-6789

5. Project Starting Date 7/12/12 Completion Date 9/18/13
The project completion date must be **after** the date the Part A form was received by DHP.

6. Costs attributed solely to the rehabilitation of the structure. \$ 414,308.55
This is the amount eligible for credit.

7. Costs attributed to new construction associated with the rehabilitation, including additions, site work, driveways, and landscaping.

\$ 11,633.60
This amount is non-credit eligible.

8. Attach 24-36 photographs, or enough to thoroughly document the condition of the building AFTER the work has been completed, keyed to a floorplan.

I hereby request certification for the rehabilitation of the property listed above for the purposes of State tax incentives. I hereby certify that the information I have provided is to the best of my knowledge correct, that I am the owner of the property, and I currently reside there. I believe the completed rehabilitation meets the U.S. Secretary of the Interior's Standards for Rehabilitation and is consistent with the work approved in the Proposed Rehabilitation Application - B.

Date 9.28.13 Applicant's Signature (Blue ink only) [Signature]

State Office Use Only

This property is eligible for the:

- ☐ 25% credit. Maximum credit allowed is \$25,000.
☐ 50% credit, only for vacant and blighted properties. Maximum credit allowed is \$25,000

The Division of Historic Preservation has reviewed the Proposed Rehabilitation Application for the above-listed property and has determined:

- ☐ That the completed rehabilitation meets the U.S. Secretary of the Interior's Standards for Rehabilitation and is consistent with the character of the property or the district in which it is located. Effective the date below, the rehabilitation of the Qualified Residence is hereby designated a Certified Rehabilitation. A copy of this form will be provided to the Louisiana Department of Revenue.
- ☐ That the completed rehabilitation is not consistent with the character of the property or the district in which it is located, and that it does not meet the U.S. Secretary of the Interior's Standards for Rehabilitation. Therefore, it is not a Certified Rehabilitation. A copy of this form will be provided to the Louisiana Department of Revenue.

Date _____ Authorized Signature: Director of the Louisiana Division of Historic Preservation

A SSN is required

Start and Completion Dates **must** be entered

Photographs, keyed to an After floorplan, must be submitted with the application

Applications must be signed by the owner

Enter the total amount of **Qualified Rehabilitation Costs**

Enter the total amount of **all other costs not included in Item #6**

Do NOT sign here.
This area is for State Office Use. The State Office will review the application and notice of the determination will be mailed to the owner.

Certified accountant's statement/cost certification

Cost Breakdown for Historic Rehabilitation Property:

, Louisiana

	Actual Cost	Qualified	Not Qualified
General Conditions			
General Conditions	\$ 34,750.25	\$ 34,750.25	\$ -
Permits	\$ -	\$ -	\$ -
Insurance	\$ 618.97	\$ 618.97	\$ -
Overtime Allowance	\$ -	\$ -	\$ -
Masonry			
Masonry Allowance	\$ (3,714.53)	\$ (3,714.53)	\$ -
Architectural Metal Panels	\$ -	\$ -	\$ -
Carpentry			
Rough Carpentry	\$ 4,140.04	\$ 4,140.04	\$ -
Trim, Wall and Ceiling Panels	\$ -	\$ -	\$ -
Architectural Woodwork	\$ 6,769.33	\$ -	\$ 6,769.33
Solid Surface Counters	\$ -	\$ -	\$ -
Fire Stopping	\$ 12,978.08	\$ 12,978.08	\$ -
Roof Repairs Allowance	\$ (4,743.01)	\$ (4,743.01)	\$ -
Joint Sealants Allowance	\$ 335.63	\$ 335.63	\$ -
Doors & Windows			
Doors, Frames, Hardware and Install	\$ 6,738.98	\$ 6,738.98	\$ -
Overhead Doors	\$ -	\$ -	\$ -
Acrylic Panels and Framing	\$ -	\$ -	\$ -
Storefront	\$ 1,828.00	\$ 1,828.00	\$ -
Finishes			
Gypsum Board Assemblies	\$ 50,838.63	\$ 50,838.63	\$ -
Porcelain and Ceramic Tile	\$ 15,052.00	\$ 15,052.00	\$ -
All Flooring	\$ 11,403.97	\$ 11,403.97	\$ -
Painting	\$ 30,842.44	\$ 30,842.44	\$ -
Floor Repair Allowance	\$ -	\$ -	\$ -
Plaster Repairs Allowance	\$ -	\$ -	\$ -
Specialties			
Louvers and Vents	\$ -	\$ -	\$ -
Fire Extinguishers Cabinets	\$ -	\$ -	\$ -
Toilet Accessories	\$ (619.20)	\$ (619.20)	\$ -
Install Appliances	\$ 28.14	\$ 28.14	\$ -
Disappearing Stair	\$ -	\$ -	\$ -
Interior Signage Allowance	\$ -	\$ -	\$ -
Conveying Systems			
Elevator	\$ 1,173.10	\$ 1,173.10	\$ -
Mechanical			
Fire Protection	\$ 6,816.40	\$ 6,816.40	\$ -
Plumbing	\$ 28,154.00	\$ 28,154.00	\$ -
HVAC System	\$ 40,000.00	\$ 40,000.00	\$ -
Electrical			
Electrical	\$ 89,091.44	\$ 89,091.44	\$ -
Controls Wiring	\$ -	\$ -	\$ -
Alternates			
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -

Cost Breakdown for Historic Rehabilitation Property:

, Louisiana

	Actual Cost	Qualified	Not Qualified
Change Orders			
COR 3 Siding of the exposed trusses	\$ (1,559.90)	\$ (1,559.90)	\$ -
COR 40 Add 1/4" plywood for knee walls	\$ 9,193.48	\$ 9,193.48	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total - Contract Sum	\$ 320,175.24	\$ 313,405.91	\$ 6,769.33
Fees			
	\$ 44,400.00	\$ 44,400.00	\$ -
Total Construction Cost	\$ 364,575.24	\$ 357,805.91	\$ 6,769.33
Other -			
Lowes - appliances	\$ 2,608.24		\$ 2,608.24
NoToCo - light fixtures	\$ 121.30	\$ 121.30	\$ -
Jmetone Baton Rouge - landscape pebbles	\$ 1,221.62	\$ -	\$ 1,221.62
Victor Stanley, Inc - bike rack	\$ 477.00	\$ 477.00	\$ -
Reulet Electrical Supplies, Inc - light fixtures	\$ 17,700.74	\$ 17,700.74	\$ -
Lighting & Electrical Associates of BR - light fixture	\$ 2,452.50	\$ 2,452.50	\$ -
AquaJet Abrasive Cutting - for exterior signage	\$ 613.57		\$ 613.57
MBC Signs - exterior signage	\$ 420.74		\$ 420.74
Teach for America reimbursement	\$ 48,900.38	\$ 48,900.38	\$ -
Architectural Fees	\$ (36,669.60)	\$ (36,669.60)	\$ -
Construction LOC - Interest	\$ 25,520.34	\$ 25,520.34	\$ -
Total - Other	\$ 61,366.91	\$ 56,502.64	\$ 4,864.27
TOTAL	\$ 425,942.15	\$ 414,308.55	\$ 11,633.60

Make sure the two expenditure numbers on the cost certification match those on the Part C application.

State of Louisiana Residential Rehabilitation Tax Credit Certificate of Completion - C

State Office Use Only
Date Received

Project Number R111

1. Applicant's Name Joe Williams, Jr. Phone Number (123) 456-7890
☐ 1a. Check this box if there are multiple owners of the property who are eligible for tax credits. List the names and social security numbers of additional owners on the second page of this form, along with their percentage of credit.

2. Address of Property 456 South St
 City Anchovy State Louisiana Zip Code 12345

3. Mailing Address (if different than property address)
 City _____ State _____ Zip Code _____

4. Applicant's Social Security Number 123-45-6789

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Date 9.28.13 Applicant's Signature (Blue ink only) [Signature]

State Office Use Only

This property is eligible for the:

☐ 25% credit. Maximum credit allowed is \$25,000.

☐ 50% credit, only for vacant and blighted properties. Maximum credit allowed is \$25,000.

The Division of Historic Preservation has reviewed the Proposed Rehabilitation Application for the above-listed property and has determined:

☐ That the completed rehabilitation meets the U.S. Secretary of the Interior's Standards for Rehabilitation and is consistent with the character of the property or the district in which it is located. Effective the date below, the rehabilitation of the Qualified Residence is hereby designated a Certified Rehabilitation. A copy of this form will be provided to the Louisiana Department of Revenue.

☐ That the completed rehabilitation is not consistent with the character of the property or the district in which it is located, and that it does not meet the U.S. Secretary of the Interior's Standards for Rehabilitation. Therefore, it is not a Certified Rehabilitation. A copy of this form will be provided to the Louisiana Department of Revenue.

Authorized Signature: Director of the Louisiana Division of Historic Preservation

Certificate of Completion - C Checklist

- ☐ Application Form
 - ☐ All fields are completed
 - ☐ The owner has **signed** and **dated** the form
 - ☐ A certified accountant's statement has been included.
- ☐ After Photographs
 - ☐ At least 24-36 **color** photographs showing the interior and exterior are included
 - ☐ At least 4" x 6" in size
 - ☐ On photo quality paper
 - ☐ Preferably the same views as shown in the before photographs
- ☐ Photo Key
 - ☐ All photographs are **numbered, labeled, and keyed to an AFTER floor plan**
- ☐ Application materials may be clipped together but are **not** bound in a binder, report, or any other format

Division of Historic Preservation



(225) 342-8160

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