

STATE HISTORIC PRESERVATION OFFICE USE ONLY WITHIN THIS SECTION

1. Date eligible, complete reservation form received
2. Total remaining reservation amount available for calendar year
3. Full tax credit reservation approved
4. If full reservation request is not available, indicate all applicable circumstances:
 - 4a. Pro Rata Award
 - 4b. Reservation Will Be Considered Applied for on _____ January 1,
5. Date reservation issued
6. Project must demonstrate reviewable progress within 24 months of the date the reservation is issued; otherwise, the reservation may be rescinded.

Director of the Louisiana Division of Historic Preservation or designated signatory

Office Telephone Number (225) 342-8200

APPLICANTS: COMPLETE THE SECTION BELOW, ITEMS 1 – 8

This form must be completed in its entirety. Any incomplete reservation form will be denied. Type or print clearly in blue or black ink. Reservations of credit shall be first-come first-served based upon the date of approval of a completed reservation form by the State Historic Preservation Office. If the total amount of credit reservations applied for in any calendar year exceeds the amount of tax credits available for that year, the excess shall be treated as having been applied for on the first day of the subsequent calendar year. All reservations received on the same business day shall be treated as received at the same time, and if the aggregate amount of the requests received on a single business day exceeds the total amount of available tax credit reservations, tax credits shall be reserved on a pro rata basis.

1. State Project Number _____

2. Name of Project or Site _____

Project Address: Street _____
 City _____ Parish _____ Louisiana Zip _____

3. Part 2 Approval

3A. Is this a Phased Project? If NO, date Part 2 approved by State Historic Preservation Office _____

3B. Is this a Phased Project? If YES, indicate the phase for which a credit reservation is requested, and the dates the Part 2 or Amendment describing the phase was approved. Include only the eligible costs and expenses and the amount of the tax credit reservation requested associated with this phase in Sections 4 and 6, below.

3B(i). Phase # _____ Amendment # _____ Date Approved _____

3B(ii). All phases of work (_____ of _____) approved in the Part 2 Application Date Approved _____

3C. Is the State Commercial Part 2 pending approval? YES NO

Reservation requests will not be approved prior to the Part 2 application approval.

4. Estimated Eligible Costs and Expenses \$ _____

If the project is expected to incur at least \$500,000 of eligible costs and expenses, the estimate of the eligible costs and expenses form on Page 3 must be completed by a Certified Public Accountant. Reservation requests will not be approved without required estimated costs and expenses. If this is a phased project, include only the eligible costs and expenses associated with this phase.

4A. Estimate of eligible costs and expenses prepared by Certified Public Accountant, on Page 3, completed? YES NO

ITEMS 5 – 8 CONTINUED ON SECOND PAGE

5. Will this project, to the best of your knowledge, demonstrate reviewable progress within twenty-four (24) months of the reservation approval? **Y / N** If the project does not demonstrate reviewable progress within twenty-four months of the reservation approval, this reservation request may be rescinded. **YES NO**
6. Amount of Tax Credit Reservation Requested \$ _____
Estimated Eligible Costs and Expenses x 0.25 (or 0.35 for rural areas) = Tax Credit Reservation Request. If this is a phased project, the tax credit reservation is limited to the phase or phases referenced in Section 3, above.
7. Owner or Qualified Lessee Information
I hereby certify that the information I have provided is, to the best of my knowledge, correct and that I am the owner or qualified lessee of the project referenced above.
Name _____ Signature _____ Date _____
Organization _____
Social Security Number or Taxpayer Identification Number _____
Street _____
City _____ State _____ Zip _____
Phone Number _____ Email Address _____
8. Project Contact (if different than owner)
Name _____ Phone Number _____ Email Address _____

UPON COMPLETION, FORM MAY BE REMITTED IN THE FOLLOWING MANNER:

PREFERRED Via Dedicated Email: taxincentives@crt.la.gov

Completed reservation forms that have either been signed in wet ink and scanned OR electronically signed may be submitted via dedicated email address used solely for tax credit reservation form submissions. No other documents related to the Federal or State Commercial tax credit applications will be accepted at this address.

Via USPS:

Division of Historic Preservation
Tax Incentives Staff
P.O. Box 44247
Baton Rouge, LA 70804

Via Overnight Service:

Division of Historic
Preservation
Tax Incentives Staff
Room 409
1051 N. Third Street
Baton Rouge, LA 70802

Via Hand Delivery:

Capitol Annex Building
1051 N. Third Street
Baton Rouge, LA 70802
Regular Office Hours:
Monday – Friday 8:00AM –
5:00PM,
excluding State holidays

If you have questions regarding the tax credit reservation form, please contact a member of the Division of Historic Preservation's tax incentives staff at (225) 342-8200.

Estimate of Costs and Expenses Prepared by a Certified Public Accountant

CATEGORY	ESTIMATED TOTAL COSTS AND EXPENSES	ESTIMATED INELIGIBLE COSTS AND EXPENSES	ESTIMATED ELIGIBLE COSTS AND EXPENSES
1. Acquisition Costs			
Land & Building			
Title & Recording			
Total Acquisition Costs			

2. Construction Costs			
Construction Contract			
Other Construction Costs			
Total Construction Costs			

3. Development & Construction Soft Costs			
Accounting Fees			
Appraisal & Market Study			
Architect Fees			
City Agencies/Fire Marshal/Permits & Fees			
Development Fees			
Environmental / Exterior Envelope			
Financing Fees			
Interest During Construction			
Reserves - Lease-Up/Working Capital			
Legal			
Miscellaneous			
Survey/Engineering			
R/E Taxes and Insurance			
Furniture, Fixtures & Equipment			
Total Development & Construction Soft Costs			

Total Development Costs			
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State Credit Rate **25%
(35% rural)**

State Historic Tax Credit Reservation Requested

\$

*This schedule is prepared for the purposes of satisfying the requirements of R.S. 47:6019(e) and all associated regulations. While the final amount of costs actually incurred (in the aggregate and within each line item) may vary materially from the amounts shown, the estimates contained herein are represented to be reasonable as of the date hereof.

Name of Certified Public Accountant:	Name of Applicant:
Certificate Number:	Project Number:
Authorized Signature:	Authorized Signature:
Date:	Date:

All sections highlighted in gold MUST be completed; if there is no dollar amount associated with a particular section, enter \$0.