



Louisiana Division of Historic Preservation
Louisiana Historic Rehabilitation
Commercial Tax Credit Application
PART 3 – CERTIFICATION OF COMPLETED WORK

Instructions: Please read the instructions carefully before completing the application. No certifications will be made unless a completed application form has been received. All signatures must be ink, scanned images or digital signatures. Typed signatures will not be accepted in any font. If additional space is needed, use a continuation sheet or attach blank sheets. Please refer to the program guidelines for further information (See Tax Incentives at www.Louisianahp.org).

This is for Phase _____ of _____

Revised Part 3? Yes No

1. Name of Property (only if Individually Listed on the National Register): _____

Address of Property: Street: _____

City: _____ Parish: _____ State: LA Zip: _____

3. Project Contact:

Name: _____

Address: Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ Email: _____

4. Ownership:

I hereby certify that the information I have provided is, to the best of my knowledge, correct. I further certify that I am the owner of the above-described property and/or the duly authorized representative of the owning organization.

Initial next to the applicable description of ownership: Individual: _____ Corporation or Partnership: _____

Name: _____

Applicant Entity: _____ SSN or TIN _____

Address: Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ Email: _____

This application will not be accepted unless it has been signed.

Name: _____ Signature: _____ Date: _____

State Office Use Only:

The Division of Historic Preservation has reviewed the "Part 3 – Request for Project Certification" for the above-listed building and has determined:

The completed rehabilitation meets the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation," and is consistent with the historic character of the property and the district in which it is located. Effective the date indicated below, the rehabilitation of the contributing building is hereby designated a certified rehabilitation. A copy of this certification has been provided to the La. Department of Revenue in accordance with State law. This letter of certification is to be used in conjunction with appropriate La. Dept. of Revenue regulations. Questions concerning specific tax consequences or interpretation of R.S. 47:6019 should be addressed to the La. Dept. of Revenue office. Completed projects may be inspected by an authorized representative of the Division of Historic Preservation to determine if the work meets the "Standards & Guidelines for Rehabilitation."

The application only updates information, including expenditures, ownership or project dates.

The completed rehabilitation is not consistent with the historic character of the property and the district in which it is located and does not meet the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation." A copy of this form will be provided to the La. Dept. of Revenue.

Denied due to lack of information

Tax Credit Reservation

Additional Reservation amount approved: _____

If full reservation request is not available, indicate circumstances:

4a. Pro Rata Award _____

4b. Reservation Will Be Considered Applied for on _____

Reviewer Initials

The Property meets the definition of "Rural":

(225) 342-8200

Authorized Signature: Director of Louisiana Division of Historic Preservation or Authorized Designee

Office Telephone No.

This line must print on Page 1, otherwise the application will be returned. Form continues on the next page.



Louisiana Division of Historic Preservation
Louisiana Historic Rehabilitation
Commercial Tax Credit Application
PART 3 – Continued

5. Rehabilitation Information:

Previous building use: _____ New Use: _____

Project start date: _____

Placed in Service or Phase Completion Date _____

Qualified Rehabilitation Expenditures prior to January 1, 2023: \$ _____

Qualified Rehabilitation Expenditures after January 1, 2023: \$ _____

Total QRES \$ _____

Total project expenditures \$ _____

The project review fee is based on the Estimated Qualified Rehabilitation Expenditures. Once the application is received, an invoice will be sent for payment. The project review fee can be calculated based on the review fee schedule found here:

<https://www.crt.state.la.us/cultural-development/historic-preservation/tax-incentives/state-commercial-tax-credit/index>

If this a revised Part 3, please note the reason for revision: _____

Current Number of Housing Units: _____ Current Number of Low- or Moderate-Income Housing Units: _____

Has a Federal Historic Rehabilitation Tax Credit application been submitted for this project? Yes No NPS Project #: _____

6. Credit Reservation

Total Credit Award anticipated: _____

QREs x 0.20 or 0.25 (or 0.35 for rural areas) = Tax Credit Reservation Request _____

Previously Approved Reservation Amount _____

Year _____ Date of Approval _____

Requested Increase (ONLY ADDITIONAL REQUEST) _____

7. Property documentation: Photographs documenting the entire exterior and interior of the property, including any buildings on site that may or may not be included within the scope of the rehabilitation, **MUST** be provided. Images must be keyed to a current floor plan. All photographs must be printed in color on photo paper (shiny). Failure to provide sufficient documentation will result in the project being placed on hold, or may lead to denial. Check items that are attached.

Photographs (MUST BE INCLUDED)

Photo Key (MUST BE INCLUDED)

Please note any additional owners:

Name: _____ **SSN** _____ or **TIN** _____

Address: Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ Email: _____

Name: _____ **SSN** _____ or **TIN** _____

Address: Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ Email: _____

If there are additional owners, use as many continuation sheets as needed.

This line must print on Page 2, otherwise the application will be returned.