

APPLICANT NAME
Historic Rehabilitation Tax Credit

Schedule of Qualified Rehabilitation Expenses

The following qualified rehabilitation expenses were incurred at the real property located at [ADDRESS] in [CITY], Virginia during the period of [PROJECT START DATE] through [PROJECT COMPLETION DATE]

Expense	Total Costs Incurred	Non-eligible State Tax Credit Basis	Eligible State Historic Tax Credit Basis
Construction Contract Costs (See attached Schedule)			
Architectural Fees			
Engineering Fees			
Civil Engineering Fees			
Environmental Testing			
Historic Consultant Fee			
Insurance During Construction			
Real Estate Taxes During Construction			
Legal - Construction Loan			
Legal - Syndication			
Legal - Permanent Loan Closing			
Financing Fee for Construction Loan			
Interest on Construction Loan During Construction			
Historic Certification Application Fee			
CPA Certification Fee			
Building Permit Fees			
Utility Connection Fees			
Other Fees:			
Total Project Development Costs			

Developer Fee ([insert] % of Qualified Rehabilitation Expenses, not including Developer Fee)*

Total Qualified Rehabilitation Expenses

State Tax Credit 25%

Total State Historic Rehabilitation Tax Credits \$

* Note terms for repayment of Developer Fee if portion of fee is not paid; include copy of Developer Agreement

Note any fees or payments due to Related Parties, as defined by Financial Accounting Standards Board

I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that the reported rehabilitation costs are valid and eligible for the tax credit.
I understand that falsification of factual representations is subject to criminal sanctions.

Applicant Signature
