

**PART 3 – REQUEST FOR CERTIFICATION
OF COMPLETED WORK**

Instructions: Please read carefully before completing the application. Upon completion of the rehabilitation, submit this form with comprehensive photographs of the completed project and property. If a Part 2 application has not been previously submitted, it must accompany this Request for Certification of Completed Work. The application must be typed, and all materials must be submitted in hard copy – electronic submissions are not accepted. The decision by the Virginia Department of Historic Resources with respect to certification is based upon the submitted application materials – this includes the Part 1, Part 2, Amendments, and Part 3, and any accompanying supplementary information.

IMPORTANT:

Please note that all components of the Part 3 application must be submitted to the Virginia Department of Historic Resources within ONE YEAR of the “completion date.” A complete Part 3 application includes the filled out and signed Part 3 application form, photographs showing the completion of all rehabilitation work, the Audit or Agreed-Upon Procedures Report completed by a Certified Public Accountant, and review fee with the Billing Statement.

Section 1: Property Information

Historic Name of Property: _____

Address of Property: _____
NUMBER STREET
CITY COUNTY 9-DIGIT ZIP

Is This Property a Certified Historic Structure? Check one:
Individually listed on the Virginia Landmarks Register.
Certified as a contributing structure in a listed Historic District (attach copy of the VDHR Part 1 response letter of certification).
Certified as eligible for individual listing on the Virginia Landmarks Register (attach copy of the VDHR Part 1 response letter).

Section 2: Rehabilitation Project Data

For Phased Projects:
This application covers Phase number _____ of _____ Phases.

Project Start Date: _____
NOTE: This date should match what is found in the CPA report.

Project Completion Date: _____
NOTE: This is either the Certificate of Occupancy or the date the final physical qualified rehabilitation expense was incurred. This date should match what is found in the CPA report.

Total **Eligible** Rehabilitation Expenses: \$ _____ (do not round)
NOTE: These are all eligible soft/hard costs that are being claimed for credits. This total should match what is listed in the CPA report for eligible costs.

Total **Ineligible** Rehabilitation Expenses: \$ _____ (do not round)
NOTE: This includes all other costs that are not eligible for historic tax credits, including site work, additions, personal property such as appliances, etc. This total should match what is listed in the CPA report for ineligible costs.

Assessed Value of the Building in the Year Prior to the Start of the Rehabilitation Project: \$ _____

Following the Rehabilitation, the Building Will Be Used For:

- Owner-Occupied Single-Family residence
- Rental Housing
 - Market Rate Number of Units: _____
 - Low/Moderate Income Number of Units: _____
 - Assisted Living Number of Units: _____
- Office
- Commercial/Retail
- Mixed-Use
- Industrial/Manufacturing
- Hotel/Bed and Breakfast/Inn

Other: _____

Section 3: Data on Ownership and the Request for Certification

Owner Name: _____

NOTE: If there is more than one owner, a Disclosure of Ownership Form must be attached. This does not apply to pass-through entities or married couples who file jointly.

Owner Business Entity/Organization: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Taxpayer ID (SSN or EIN): _____

Phone: _____ Email: _____

I attest that I have, or am the authorized representative of an entity that has a possessory interest in the property:
I am the owner or an authorized representative of the owner (attach list of additional owners if necessary).
I am a lessee or an authorized representative of a lessee which actually incurred the rehabilitation expenditures.
The credit is being claimed under a landlord-tenant pass-through agreement. I am a lessee or an authorized representative of a lessee under a lease term of 5 years or longer.

ATTESTATION: I hereby apply for certification of rehabilitation work at the property described above for purposes of the State tax incentives. I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation," is consistent with the work described in the Part 2 – Description of Rehabilitation, as approved by the Virginia Department of Historic Resources, and that the reported rehabilitation costs are valid and eligible for the rehabilitation tax credit. I understand that the submission of false records or falsification of anything in communications with the Department is grounds for denial of the certification of completed work and is punishable under Virginia and Federal law.

OWNER SIGNATURE (original, wet ink signature required)

DATE

Section 4: Approved Project Contacts

I, the owner/applicant, give permission to DHR Staff to discuss this application and project with the following individuals/entities:

Project Consultant

Contact Name: _____ Company: _____

Email: _____

Certified Public Accounting Firm

Contact Name: _____ Company: _____

Email: _____

Part 3 Application Checklist:

Check for Part 3 Review Fee Comprehensive
Photographs of Completed work
Photo Key

Part 1 letter of certification of historic
significance, if applicable.
CPA Report (either AUP or Audit)

REMINDER:

The complete Part 3 application must be received by the Virginia Department of Historic Resources within **ONE YEAR** of the "completion date" as reported in this application and in the CPA's report.

Per Program Regulations, the "completion date" is **EITHER** the Certificate of Occupancy **OR** the date that the last eligible physical rehabilitation expense was incurred.

Please return the completed application and associated materials to:

Preservation Incentives Division
Virginia Department of Historic Resources
2801 Kensington Avenue
Richmond, VA 23221