

**HOMEOWNER CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION**

MHT Project Number (MHT office use only)

Instructions: Fill out this form in accordance with the application instructions. This page must bear the applicant's original signature and must be dated. The Maryland Historical Trust's certification decision is based on the descriptions in this application form. In the event of any discrepancy between the application form and other supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. Property Name _____

Street _____

City _____ Zip _____ County _____

State Legislative District _____ MHT Easement property? Yes No Unknown

Listed individually in the National Register of Historic Places or as an individual local designation; date of listing _____

Located in a National Register or locally designated historic district; name of district _____

Part 1 – Evaluation of Significance submitted? Date submitted _____ Date of certification (if applicable) _____

2. Project Data

Primary/secondary residence Mixed-use residential/commercial Owner-occupied residential co-op unit

Date of building construction _____ Floor area before / after rehabilitation _____ / _____ sq ft

Start date (estimated) _____ Completion date (estimated) _____

CHECK IF YOU ANTICIPATE RECEIVING ANY OF THE FOLLOWING ADDITIONAL FUNDING FOR THE PROPOSED PROJECT

Insurance claim reimbursement funds Other local and/or state funding (i.e. grants or loans) Specify funding source _____

*Estimated qualified rehabilitation expenditures are capped at \$250,000 and should not include additional state/local funding, insurance reimbursements or ineligible expenses including new construction, site work, appliances, etc. ***Estimated Qualified Rehabilitation Expenditures**

3. Project Contact (if different from applicant)

Name _____ Company _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

4. Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that the structure is not owned by the State of Maryland, a political subdivision of the State or the Federal government and that [check one box as applicable] (1) I am the fee-simple owner of the above-described property or (2) if I am not the fee-simple owner of the above-described property, the fee-simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which either is attached to this application form and incorporated herein, or has been previously submitted. I understand that intentional falsification of factual representations in this application is subject to civil penalties and imprisonment for up to 10 years pursuant to Tax General Article, §§ 13-703 and 13-1002(b), Annotated Code of Maryland.

Name _____ Signature _____ Date _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

MHT Official Use Only

The Maryland Historical Trust has reviewed the *Historic Revitalization Tax Credit Application – Part 2* for the above-named property and has determined that the proposed rehabilitation described herein:

- is consistent with the Secretary of the Interior's Standards for Rehabilitation. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.
- is consistent with the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.
- is not consistent with the Secretary of the Interior's Standards for Rehabilitation, eligibility requirements, and/or does not comply with program requirements and therefore certification is denied.
- Is not adequately documented in the application and therefore cannot be reviewed.

Date _____ Maryland Historical Trust Authorized Signature _____

MHT conditions or comments attached

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Property address _____

5. Detailed description of rehabilitation work Use this page to describe all work or create a comparable format with this information.
Number items consecutively to describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

Number	Feature	Date of Feature
--------	---------	-----------------

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

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--------	---------	-----------------

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MANDATORY APPLICATION CHECKLIST

Property Address _____

Instructions: After completing your Part 2 application, print and fill out this checklist to ensure that your application contains at least the minimum documentation required for MHT staff review. This checklist is based on the detailed information included in the Homeowner Instructions. Read and check each line carefully; **the application review period will not begin until a completed application with checklist is submitted.**

- APPLICATION FORM-** I filled in all applicable fields. I understand that MHT staff may not fill in any missing information on behalf of me; therefore if my application is missing information it will be returned.

- SIGNATURE-** I signed and dated the application and Mandatory Application Checklist after printing.

- DESCRIPTION OF REHABILITATION WORK-** I have described ALL proposed work planned for the next 24 months to the interior and exterior of my property, including ineligible work items that I do not anticipate receiving a tax credit for. I understand that all work must meet the Secretary of the Interior's *Standards* and be reviewed and approved by MHT.

- SUPPLEMENTARY MATERIALS-** If applicable to my project, I have attached site plans, demolition plans, architectural plans, HVAC plans, replacement window/door drawings and/or product specifications.

- PHOTOGRAPHS-** I have included 1 set of clear, color photographs on 4"x6" photo paper. The entire property, including the **interior and exterior** of all structures is included. I have also included details of areas where work will be undertaken. Photographs are numbered and clearly labeled (including address, date of photograph, and brief description). I understand that poor quality, improperly labeled and/or mounted photographs will not be accepted.

- REVIEW FEE-** I have included a \$10 Part 2 review fee with the check made payable to the Maryland Historical Trust.

- DUPLICATE COPY OF ALL APPLICATION MATERIALS-** I have made a complete copy of all materials for my records.

<input type="checkbox"/>	I attest that I have read and understand the Historic Revitalization Tax Credit Application and Instructions.	
Name _____	Signature _____	Date _____

SEND THE COMPLETED APPLICATION TO:

**Maryland Historical Trust
100 Community Place, 3rd Floor
Crownsville, MD 21032
attn: Bonnie Baden**