



Maryland Historical Trust
Historic Revitalization Tax Credit

Revised 06/01/2019

HOMEOWNER CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

MHT Project Number (MHT office use only)

[Empty box for MHT Project Number]

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.

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.

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 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 name _____

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

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

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**HOMEOWNER CERTIFICATION APPLICATION
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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
Crownsville, MD 21032
attn: Bonnie Baden**