Maryland
DEPARTMENT OF PLANNING
MARYLAND HISTORICAL TRUST

Maryland Historical Trust
*Historic Revitalization Tax Credit*

Revised 10/16/2026

## COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION
## PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK

MHT Project Number (MHT office use only) _____

**Instructions:** This page must bear the applicant's electric signature and must be dated. A copy of this form will be provided to the Comptroller of the Treasury.

**1. Property Name** _____

Street _____

City _____ Zip _____ County _____

Is the property a certified historic structure? yes ◯ no ◯ If yes, date of MHT certification _____ OR date of National Register/local listing _____

**2. Project Data** Project start date _____ Project completion date _____

**Total rehabilitation costs** (including new construction, site work, appliances, etc.) _____

**Total ineligible expenses** attributed to new construction, site work, appliances, etc. - _____

**Total ineligible funding**, including but not limited to state or local grants or insurance reimbursement funds as described in the Part 2 (see instructions). - _____

**TOTAL ALLOWABLE Qualified Rehabilitation Expenditures (QRE)** =
May not exceed Part 2 estimated QRE or $25,000,000 whichever is less. Must exclude ineligible expenses & ineligible funding.

**If you are seeking additional credits beyond the 20%, you must attach the required documents for all additional credits per the application instructions.**

Check if you are applying for the 20% credit. ☐
Check if you are applying for the 20% credit plus the additional 5% credit for projects that received an allocation for federal low-income housing tax credits. ☐
Check if you are applying for the 20% credit plus the additional 5% LEED Gold or equivalent certification. ☐
Check if you are applying for the 20% credit now and plan to submit for the additional 5% LEED Gold or equivalent certification separately at a later date. ☐
Check if you are applying for the 5% LEED Gold or equivalent certification and have already claimed the 20% credit. ☐
Check if you are applying for the 20% credit plus the additional 5% credit for Opportunity Zone Level 1 tax credits. ☐
Check if you are applying for the 20% credit plus the additional 7.5% credit for Opportunity Zone Level 2 tax credits. ☐
Check if you are applying for the 20% credit now and plan to submit for the additional 5% Opportunity Zone Level 1 separately at a later date. ☐
Check if you are applying for the 20% credit now and plan to submit for the additional 7.5% Opportunity Zone Level 2 separately at a later date. ☐
Check if you are applying for the 5% Opporunity Zone Level 1 and have already claimed the 20% credit. ☐
Check if you are applying for the 7.5% Opporunity Zone Level 2 and have already claimed the 20% credit. ☐

**3. Project Contact** (if different from applicant)

Name _____ Company _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

**4. Applicant** List all additional owners on next page.

*I hereby apply for certification of the rehabilitation work described above for purposes of the Historic Revitalization Tax Credit. I hereby attest that, to the best of my knowledge, the information provided is correct, and that the completed rehabilitation is consistent with the work described in Part 2 of the Maryland Historic Revitalization Tax Credit Application Part- 2 certified by the Maryland Historical Trust. I also attest that the structure is not owned by the State of Maryland, a political subdivision of the State, or the Federal government, and that I own the property or the portion of the property described above. I understand that intensional falsification of factual representations in this application are 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 _____

Last 4 digits of SSN (or Taxpayer Identification Number) _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

### MHT Official Use Only

The Maryland Historical Trust has reviewed the *Historic Revitalization Tax Credit Application* – Part 3 for the above-listed "certified historic structure" and has determined that:

the completed rehabilitation is consistent with the Secretary of the Interior's Standards for Rehabilitation and is consistent with the historic character of the property and, where applicable, the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." Questions concerning specific tax consequences or interpretations of Maryland tax law should be addressed to the Comptroller of the Treasury. Completed projects may be inspected by an authorized representative of the MHT Director to determine if the work meets the Standards for Rehabilitation. The MHT Director reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's Standards for Rehabilitation ☐

the completed rehabilitation was previously designated a "certified rehabilitation" for purposes of claiming the 20% credit and has now been certified as a LEED Gold or equivalent building for claiming the additional 5% credit. ☐

the completed rehabilitation was previously designated a "certified rehabilitation" for purposes of claiming the 20% credit and has now been certified as a Level 1 Opportunity Zone project for claiming the additional 5% credit. ☐

the completed rehabilitation was previously designated a "certified rehabilitation" for purposes of claiming the 20% credit and has now been certified as a Level 2 Opportunity Zone project for claiming the additional 7.5% credit.

the completed rehabilitation 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. ☐

Date _____ Signature _____

MHT comments attached ☐

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Property name

Property address

**5. Additional Owners** Continue on additional sheets as needed to list all owners.

Name _____ SSN or Taxpayer Identification Number _____

Street Address _____

City _____ State _____ Zip _____

Name _____ SSN or Taxpayer Identification Number _____

Street Address _____

City _____ State _____ Zip _____

Name _____ SSN or Taxpayer Identification Number _____

Street Address _____

City _____ State _____ Zip _____

Name _____ SSN or Taxpayer Identification Number _____

Street Address _____

City _____ State _____ Zip _____

**6. Independent Accountant's Report and Schedule of Rehabilitation Costs** Attach a report from an independent Certified Public Accountant summarizing their examination of the Schedule of Rehabilitation Costs and Calculation of Qualified Rehabilitation Expenditures. Attach supporting schedules and calculations to the report.

**7. Independent Accountant's Licensure Attestation Form** Attach a attestation form from the independent Certified Public Accountant who conducted the examination demonstrating that the firm is licensed in Maryland or, if licensed in another state, provide evidence of a Maryland firm permit or otherwise meets the requirements of established by the Maryland Board of Public Accountancy. Attach the supporting documentation to the attestation form.

**8. Corporate Diversity** Attach either (a) a Corporate Diversity Addendum form as part of the annual report that is filed with the SDAT under Tax-Property § 11-101(d), or (b) an affidavit establishing that the entity is exempt from the state law's Corporate Diversity requirements.

COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION

PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK

# MANDATORY APPLICATION CHECKLIST

**Property Name** _____

**Instructions:** After completing your Part 3 application, 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 Competitive Commercial Instructions.

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**APPLICATION FORM**- I filled in all applicable fields including the last 4 digits of the social security number/TIN of all owners (if jointly owned). 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 Part 3 application and Mandatory Application Checklist in accordance with MHT's signature guidelines. ☐

**LEED GOLD or equivalent** - I have included all required documents outlined in the application instructions in order to receive the additional credit for LEED Gold or equivalent. ☐

**OPPORTUNITY ZONE -** I have included all required documents outlined in the application instructions in order to receive the additional credit for Opportunity Zones. ☐

**CPA REPORT -** I have included a report from an Independent CPA summarizing their examination of the Schedule of Rehabilitation Costs and Calculation of Qualified Rehabilitation Expenditures. ☐

**CPA FIRM LICENSURE ATTESTATION FORM** - I have included the required attestation and supporting documentation demonstrating that the firm is licensed in Maryland or, if licensed in another state, provide evidence of a Maryland firm permit or otherwise meets the requirements of established by the Maryland Board of Public Accountancy. ☐

**CORPORATE DIVERSITY** - I have included either a Corporate Diversity Addendum form as part of the annual report that is filed with the SDAT under Tax-Property § 11-101(d), or an affidavit establishing that the entity is exempt from the state law's Corporate Diversity requirements. ☐

**PHOTOGRAPHS-** I have prepared all photographs in accordance with MHT's photographic guidelines. ☐

Date of Photographs: _____

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

**I attest that I have read and understand the Historic Revitalization Tax Credit Application and Instructions.** ☐

Name _____ Signature _____ Date _____