

**COMPETITIVE COMMERCIAL 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 electronic 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 materials submitted with it (such as architectural plans, drawings and specifications), this application form shall take precedence.

**1. Property Name**

Street

City Zip County

MHT Easement property? Yes No Unknown

**Project Data**

Floor area before / after rehabilitation / sq ft

Use before/ after rehab

Start date (estimated) Completion date (estimated)

A Federal Part 2 Application (Description of Rehabilitation) has been certified for this project Date of certification

**CHECK ONLY ONE OF THE FOLLOWING ADDITIONAL CREDITS, IF APPLICABLE**

Check if you are applying for the additional 5% credit for projects that have received an allocation for federal low-income housing tax credits (must attach Maryland Carryover Allocation Form and IRS Form 8609. See instructions.)

Check if you are applying for the additional 5% LEED Gold or equivalent certification

Check here if applying for the Level 1 Opportunity Zone Enhancement (5% additional credit) as described in the Application Instructions.

Check here if applying for the Level 2 Opportunity Zone Enhancement (7.5% additional credit) as described in the Application Instructions

**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 should not include additional state or local funding, insurance reimbursements or ineligible expenses including new construction, site work, appliances, etc.

**\*Estimated Qualified Rehabilitation Expenditures**

FINAL TOTAL ALLOWABLE QUALIFIED REHABILITATION  
EXPENDITURES CANNOT EXCEED THIS AMOUNT  
(Which may not be increased or amended)

**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

Organization

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.

Date Maryland Historical Trust Authorized Signature

☐ MHT conditions or comments attached

**COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**

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. Use additional pages as necessary.

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

**Describe existing feature and its condition**

Photo numbers \_\_\_\_\_ Drawing numbers \_\_\_\_\_

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**Describe work and impact on feature**

Maryland Historical Trust  
*Historic Revitalization Tax Credit*  
**COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION**  
**FY2026 WORKSHEET**

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Instructions:** This worksheet must accompany the Part 2 of the competitive commercial application. Some of the entries require attachments, including letters, statements and maps. Attachments must be saved as separate files in accordance with MHT's Naming Conventions. Failure to complete the worksheet or failure to include the appropriate documentation may result in the entire application being returned to the applicant for re-submittal if possible prior to project submission deadline.

## 1. Project Overview

Existing or historic use of structure:

Proposed use of structure  
(list any innovative or unique aspects):

Number of units before/after rehab /

Notable or unique history of existing structure:

Notable design aspects of existing structure:

Property ownership (list any innovative or unique ownership/partnerships, existing and/or proposed):

Project financing:

Please upload one or two representative high resolution photographs that can be used as part of a presentation or promotion of the project. These should be individual photographs, saved separately, and labeled as "photo number in sequential order\_property address\_worksheet\_year\_month".

**2. Moore-Miller Administration State Plan Priorities** - In the box below, provide a description of how the project aligns with the Governor's ten priorities, such as the project's proximity to concentrated areas of child poverty or proximity to mass transit.

<https://governor.maryland.gov/priorities/Documents/2024%20State%20Plan.pdf>

1. Ending Child Poverty in the State of Maryland
2. Setting Maryland's Students Up for Success
3. Creating an Equitable, Robust, and Competitive Economy
4. Connecting Marylanders to Jobs
5. Creating Safer Communities
6. Making the State of Maryland a Desirable and Affordable Home for All Residents
7. Advancing Infrastructure to Better Connect All Marylanders to Opportunities and Each Other
8. Ensuring World-Class Health Systems for All Marylanders
9. Making Maryland a Leader in Clean Energy and the Greenest State in the Country
10. Making Maryland a State of Service

Attachments Included

**3. Rare example of Architecture-** In the box below, provide a description of the structure's rare or special architectural qualities that set it apart, along with a list of relevant attachments for additional documentation.

Attachments Included

**4. Level of Preservation** - In the box below, provide a statement identifying the specific historic fabric, features or finishes that are being preserved or restored as part of this project (you may reference specific photographs or drawings included with your application as separate attachments).

Attachments Included



**5. Urgency of Need for Rehabilitation** - In the box below, provide a statement detailing why the proposed rehabilitation is urgent. Additional letters or structural reports along with photographs detailing the urgency of need for rehabilitation must also be attached separately. Documentation should address issues such as structural integrity, safety or blight.

Attachments Included

**6. Affordable and Workforce Housing** - In the box below, describe how your project may include affordable or workforce housing options. Please describe how it is defined for the purposes of your project, such as the percentage of units and the target AMI of those units or how your project may meet local housing goals or requirements, etc.

Attachments Included

**7. Green Energy** - To the extent that your project includes specific goals or requirements for green energy or energy conservations measures, such as an all-electric building or local energy standards, please provide a detailed description or analysis on how your rehabilitation will achieve these objectives. (For example, a common definition for an all-electric building is a building that consumes only electricity for end uses that electricity can perform, such as space heating, cooling, water heating, and cooking.)

Attachments Included

## 8. Economic Benefit

Attach a copy of the Maryland Department of Assessments and Taxation (MDAT) Real Property Data Search for your property. Go to <https://dat.maryland.gov/Pages/default.aspx> and search for your particular property by clicking on **Search the Real Property Database** under **Online Services** and attach the report directly behind this page (*if the building has been recently purchased or appraised in a manner contrary to the assessed values listed on the MDAT report, please provide documentation to that effect*).

Attachments Included

Divide the Estimated Qualified Rehabilitation Expenditures by the assessed value *of the improvements* (as shown on the MDAT report) to determine the percentage by which expenditures exceed the assessed value. See the equation below:

	<b>Example</b>	
Estimated Qualified Rehab Expenditures	\$750,000.00	
MDAT Value of Improvements	\$138,920.00	
$\frac{\text{Estimated Qualified Rehab Expenditures}}{\text{MDAT Value of Improvements}} \times 100 = n\%$		$\times 100 = 539\%$

**Input your calculation here:**

  

\$

X 100 =

%

  

\$

## 9. Verification of Financial Readiness

Attach letters of commitment from financial institutions, investors and any other financial contributors that verify the commitment of funding for the rehabilitation project for which tax credits are being sought.

Attachments Included

# MANDATORY APPLICATION CHECKLIST

Property Address \_\_\_\_\_

**Instructions:** After completing your Part 1 and Part 2 applications, print and fill out this checklist to ensure that your application contains at least the minimum documentation required for MHT staff review.

**APPLICATION FORMS-** I filled in all applicable fields for the Part 1 and Part 2 Applications. 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 1 and Part 2 applications in accordance with MHT's signature guidelines.

**OWNERSHIP-** If I am not the fee-simple owner of the property, I have provided a written statement from the fee-simple owner indicating that they are aware of the application and have no objection to the request for certification.

**CORPORATE DIVERSITY-** If applicable, I understand that should my project receive an award of \$1 million or higher, I must comply with the state law regarding corporate diversity. See the "Eligibility" section on MHT's website for more information.

**DESCRIPTION OF REHABILITATION WORK-** I have described ALL proposed work planned 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 for Rehabilitation* and be reviewed and approved by prior to undertaking said work.

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

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

**LOW INCOME HOUSING -** If applying for the additional 5% credit for projects that have received an allocation for Federal low income housing tax credits, I have provided the approved Maryland allocation form and IRS form 8609.

**REVIEW FEE-** I will pay a \$250 non-refundable Part 2 review fee when sent an electronic invoice by the Maryland Historical Trust. I understand that payment must be made within ten (10) days of receiving the invoice.

**PART 2 WORKSHEET-** I have completed the Part 2 FY2026 Worksheet and included all required attachments.

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

## IMPORTANT DEADLINES

Application due August 31, 2025.

Following review, MHT will provide notice of award and outstanding Part 2 review fee.

Remainder of Part 2 review fee due 90 days from award notice. The Part 2 Certification Application will not be certified until the full review fee is paid.

Work must be initiated within 18 months of Part 2 certification date. Applicants must submit documentation that work has been initiated by the deadline.

All work must be completed within 30 months of the Part 2 certification date (extensions may be granted at the discretion of the Director of MHT).

The Part 3 Certification Application must be submitted within 12 months of the project expiration.

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

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_