

**PENNSYLVANIA HISTORIC PRESERVATION TAX CREDIT PROGRAM  
PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION  
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK**

For DCED/PHMC use only

EAS No: \_\_\_\_\_

**Instructions:** Upon completion of the rehabilitation, submit this form with photographs of the completed work (both exterior and interior views). The decision by the Pennsylvania Historical & Museum Commission with respect to certification is made on the basis that the completed rehabilitation meets the Secretary of the Interior's *Standards for Rehabilitation* and is consistent with the work described in Part 2 of the Historic Preservation Certification Application.

**Property Data:**

**Property Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: PA Zip: \_\_\_\_\_

Is this property a certified historic structure?  Yes  No. If yes, date of PHMC certification \_\_\_\_\_ OR date of National Register listing \_\_\_\_\_.

**Project Information:**

This application covers number \_\_\_\_\_ of \_\_\_\_\_ phases.  Final Certification

Project/Phase starting date (MM/DD/YYYY): \_\_\_\_\_ Placed in service date (MM/DD/YYYY): \_\_\_\_\_

Total qualified rehabilitation expenditures (QRE): \$ \_\_\_\_\_

Total costs attributed to non-QRE costs: \$ \_\_\_\_\_

Total overall project costs (QRE plus non-QRE): \$ \_\_\_\_\_

Pennsylvania Historic Preservation Tax Credit Requested: \$ \_\_\_\_\_

Total amount of Private Investment in the project: \$ \_\_\_\_\_

Was the property vacant for at least 12 months prior to the start of rehabilitation work? \_\_\_\_\_. If yes, how long? \_\_\_\_\_

Did the property pay property taxes in the 12 months prior to the start of rehabilitation work? \_\_\_\_\_. If no, how long was property off the tax rolls? \_\_\_\_\_

Does the project meet the definition of a "workforce housing" project - a project in which, for a period of seven years after the building is placed in service, at least 20% of the units meet the Department of Housing and Urban Development's definition of "affordable" for individuals earning 80% of the area median income? \_\_\_\_\_. An Applicant may be required to submit documentation to verify that your project meets these requirements.

Total number of permanent jobs created: \_\_\_\_\_ Total number of construction jobs created: \_\_\_\_\_

Total number of residential units created: \_\_\_\_\_ Total number of workforce housing units created: \_\_\_\_\_

In order to for a tax credit certificate to be issued by DCED, the qualified tax payer must submit the following information:

- 1) Copy of Certificate of Occupancy issued by the municipal authority
- 2) Copy of Certificate of Title
- 3) Copy of this approved Part 3 Certification of Completed Work
- 4) Certificate of Legal Existence
- 5) Copy of the Tax Credit Reservation Approval
- 6) Certification of Costs by an independent certified public accountant
- 7) for Workforce Housing projects only, documentation to verify that the project meets workforce housing requirements

**Data on ownership and Request for Certification:**

I hereby apply for certification of rehabilitation work 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* and is consistent with the work described in Part 2 of the Historic Preservation Certification Application.

Name: \_\_\_\_\_

(If there is more than one owner, Disclosure of Ownership Form must be attached. This does not apply to pass-through entities.)

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security or Taxpayer Identification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:**

Pennsylvania Department of Community & Economic Development  
Tax Credit Division  
Center for Business Financing  
Commonwealth Keystone Building – 4TH Floor  
400 North Street  
Harrisburg PA 17120-0225

**PHMC Official Use Only**

The PHMC has reviewed the Historic Preservation Certification Application – Request for Certification of Completed Work (Part 3) for this property and has determined that:

\_\_\_\_\_ the completed rehabilitation meets 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 "qualified historic structure" is hereby designated a "certified rehabilitation." This certification is to be used in conjunction with appropriate Internal Revenue Service/PA Department of Revenue regulations. Completed projects may be inspected by an authorized representative of the PHMC to determine if the work meets the Standards for Rehabilitation. The PHMC 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 meets the Secretary of the Interior's *Standards for Rehabilitation*. However, because this property is not yet a "qualified historic structure," the rehabilitation cannot be designated a "certified rehabilitation" eligible for Pennsylvania State tax credits at this time. It will become a "qualified historic structure" on the date it or the historic district in which it is located is listed in the National Register of Historic Places. On that date, the completed rehabilitation will automatically become a "certified rehabilitation." It is the owner's responsibility to obtain such listing through the State Historic Preservation Office. Completed projects may be inspected by an authorized representative of the PHMC to determine if the work meets the *Standards for Rehabilitation*. The PHMC 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 rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's *Standards for Rehabilitation*.

A copy of this determination will be provided to PA DCED and PA Department of Revenue in accordance with State law.

\_\_\_\_\_ Date

\_\_\_\_\_ PHMC Authorized Signature

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Property Name: \_\_\_\_\_ EAS No: \_\_\_\_\_

Property Address: \_\_\_\_\_ County: \_\_\_\_\_ State: PA Zip: \_\_\_\_\_

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

**Name** \_\_\_\_\_ SSN OR Taxpayer ID Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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