

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
HISTORIC HOMEOWNERSHIP REHABILITATION TAX CREDIT APPLICATION
PART 1**

1. **Address of Property:** _____
 City/Town/Village: _____ County _____ NY Zip _____

2. **Owner**

Name: _____ Mailing address same as property
 Street: _____ P.O. Box Number: _____
 City: _____ NY Zip: _____
 Phone Number (daytime): _____ Phone Number 2: _____
 Email: _____

****NOTE: If more than one owner attach a sheet with the additional owner's name and contact information be sure to include the % of ownership for each owner of record.**

3. **Project Contact (If other than owner)**

Name: _____ Mailing address same as property
 Street: _____ P.O. Box Number: _____
 City: _____ NY Zip: _____
 Phone Number (daytime): _____ Phone Number 2: _____
 Email address: _____

4. **Checklist (Required)**

1. Is the house
- at least 50 years old? Yes No
 - one family owner-occupied? Yes No
 - multiple family owner-occupied? Yes No
2. Is at least \$5,000 being spent on the rehab? Yes No
3. Is at least 5% of the total rehab cost being spent on the exterior? Yes No
4. Date work began or will begin _____ (Note that work needs to be approved by OPRHP before it begins)
5. Total estimated cost of project \$ _____

5. Please include:

- Several color photographs of the exterior of the house. Be sure to include all four sides of the building.
- A copy of a street map locating your property.

Owner Signature: _____ Date _____

Owner (2) Signature: _____ Date _____

****NOTE: If more than two owners attach a sheet with the additional owner's signature(s) and date(s)**

FOR STATE USE

NYITC # _____

The subject property is a Certified Historic Structure _____

Signature of New York State Office of Parks, Recreation, and Historic Preservation

Mail completed application to:

Project Work Sheet

Work Proposed	Existing Condition	Proposed	Estimated Cost

NOTE: Create your own grid using this model, make copies or download copies of this form at:
<http://nysparks.state.ny.us> and follow link to HISTORIC PRESERVATION then select INVESTMENT TAX CREDIT.

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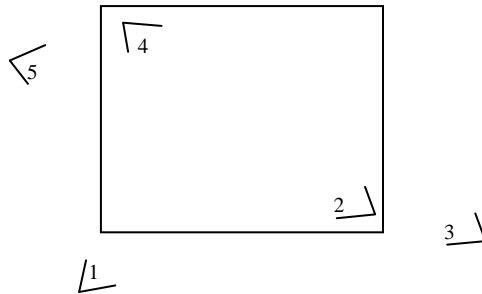
Project Work Sheet

Work Proposed	Existing Condition	Proposed	Estimated Cost

4. **Attachments to the application**

A. Photographs

- Photographs must be taken before any work is started.
- Details in the photographs must be clear.
- Photographs taken with 35 mm film are preferable.
- Digital photographs should be printed on photo grade paper.
- The following views are required:
 - One or more views of the exterior of the building.
 - All areas of work. Interior photos should be taken from diagonally opposite corners of the room.
 - Key photos to a site plan or a floor plan to show location and camera angle as shown below.



B. Drawings

Drawings must be submitted if any new construction or alterations will be performed on the exterior of the house or to the floor plans. For example, if a new porch will be added or if interior walls will be added or removed, drawings must be submitted.

Owner Signature: _____

Date _____

Owner (2) Signature: _____

Date _____

For OPRHP use only:

Review number assigned: _____

OPRHP has reviewed the proposal for the above named property and preliminarily certifies that the project as described:

- meets the New York Standards for Rehabilitation.
- meets the New York Standards for Rehabilitation if the attached conditions are met.
- does not meet the Secretary of the Interior Standards for Rehabilitation.
- is NOT a qualified historic home.

Signature of New York State Office of Parks, Recreation, and Historic Preservation

Mail completed application to:

NYS Office of Parks, Recreation and Historic Preservation, Field Services Bureau, Peebles Island State Park, PO Box 189, Waterford, NY 12188-0189
Phone: 518-237-8643, Fax: 518-233-9049

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
HISTORIC HOMEOWNERSHIP REHABILITATION TAX CREDIT APPLICATION**

Amendment Sheet

PART 2

Instructions: Use this form if you want to make a change to Part 2 after it has been submitted to NYSOPRHP.

Address of Property: _____
 City/Town/Village: _____ County _____ NY Zip _____

Work Proposed	Existing Condition	Proposed	Estimated Cost

Owner Signature: _____ Date _____

Owner (2) Signature: _____ Date _____

For OPRHP use only:
 Review number assigned: _____

OPRHP has reviewed the proposal for the above named property and preliminarily certifies that the project as described:

- meets the New York Standards for Rehabilitation.
- meets the New York Standards for Rehabilitation if the attached conditions are met.
- does not meet the Secretary of the Interior Standards for Rehabilitation.
- is NOT a qualified historic home.

 Signature of New York State Office of Parks, Recreation, and Historic Preservation

Mail completed amendment sheet to:

NYS Office of Parks, Recreation and Historic Preservation, Field Services Bureau, Peebles Island State Park, PO Box 189, Waterford,
 NY 12188-0189
 Phone: 518-237-8643, Fax: 518-233-9049

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
HISTORIC HOMEOWNERSHIP REHABILITATION TAX CREDIT APPLICATION
REQUEST FOR CERTIFICATION OF COMPLETED WORK
PART 3**

Instructions: Submit after work on house is complete. No certifications will be made unless a completed application form has been received. Type or print clearly. If additional space is needed, use continuation sheets.

1. **Address of Property:** _____

City _____ County _____ NY Zip _____

2. Date work was started _____ Date the work was completed _____

3. I have enclosed:

- Representative photographs of the completed work. Interior views Exterior views.
- Photographs are keyed to enclosed sketch plan of the building.
NOTE: The plan should match the one submitted with the Part II.
- I have not previously submitted the Part 2 portion of the application and it is attached.

4. **Owner:**

I attest that the information provided is, to the best of my knowledge, correct, and it is consistent with the work described in Part 2 of the residential historic preservation tax credit application.

Signatures

Owner _____ Date _____

Owner _____ Date _____

For OPRHP use only:
Review number assigned: _____

NYSOPRHP certifies that the project is complete.

Signature of New York State Office of Parks, Recreation and Historic Preservation

Mail completed application to:

NYS Office of Parks, Recreation and Historic Preservation, Field Services Bureau, Peebles Island State Park, PO Box 189, Waterford, NY 12188-0189
Phone: 518-237-8643, Fax: 518-233-9049

APPENDIX A

Qualified Expenses (*provided the work is approved by OPRHP*)

Eligible expenses include but are not limited to:

- Walls
- Masonry Repairs
- Partitions
- Finishes (interior and exterior)
- Floors
- Ceilings
- Permanent coverings, such as paneling or tiles
- Windows and doors
- Kitchen and bathroom cabinets
- Components of central air conditioning or heating systems
- Plumbing and plumbing fixtures
- Electrical wiring and lighting fixtures
- Chimneys
- Stairs
- Elevators, sprinkler systems, fire escapes
- Other components related to the operation or maintenance of the building

Expenses not eligible include but are not limited to:

- Appliances (window air conditioning units, refrigerators, etc.)
- Decks (not part of original building)
- Demolition costs (removal of a building on property site)
- New construction costs or enlargement costs (increase in total volume)
- Fencing
- Feasibility studies
- Financing fees
- Furniture
- Landscaping
- Leasing expenses
- Outdoor lighting remote from building
- Parking lot
- Paving
- Planning costs (consultants)
- Planters
- Porches and porticos (not part of original building)
- Retaining walls
- Sidewalks
- Signage
- Storm sewer construction costs
- Window treatments
- Work performed in rental units if the building is a multifamily residence
- Work performed outside the building footprint

Please note that any work that does not conform to the Secretary of the Interior Standards for Rehabilitation is not an eligible expense and will jeopardize the project's approval for the tax credit.