

Historic Homeownership Rehabilitation Credit Application



New York State
Parks, Recreation and
Historic Preservation

PART 1 & 2

(Please refer to the Application Instructions before completing)

1. **Address of Property:** _____

City/Town/Village: _____ County: _____ Zip: _____

2. **Owner:** Name(s): _____

Mailing Address (if different than property): _____

City/Town/Village: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

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

Name and Address: _____

Phone Number: _____ Email Address: _____

4. Checklist (Required):

A. Program Qualification Requirements (see Application Instructions)

- State/National Register Listed (individually or contributing to a Historic District) Yes ☐ No ☐
Name of Historic District: _____
Approximate date of original construction: _____
- Located in a Qualifying Census Tract Yes ☐ No ☐
- Project expenditures will be a minimum of \$5000 Yes ☐ No ☐
- At least 5% of project expenditures are for exterior work Yes ☐ No ☐

(If you checked **No** to any of the above questions, you may not qualify for the credit. Please contact DHP staff)

B. Does the home have an income-producing component? Yes ☐ No ☐

(i.e. multi-family, home office, B&B, etc. If yes, you must complete the Project Completion Work Sheet for Income-Producing Homes with your Part 3 application)

If yes, Indicate the percentage of the square footage that you live in: _____%

C. Has work of the project begun? Yes ☐ No ☐

(If yes, please attach description of what work is already in progress and why)

D. Total estimated project cost \$ _____

E. I give permission to share submitted images for program promotion Yes ☐ No ☐

5. Disclaimer:

The New York State Office of Parks, Recreation and Historic Preservation (OPRHP) does not provide legal, tax or accounting advice; the information provided is intended to be general in nature; and tax credit applicants are strongly encouraged to consult their own professional tax, accounting and legal advisors on individual tax matters, or consult the NYS Department of Taxation and Finance or the Internal Revenue Service (IRS). OPRHP is not responsible for the information or advice provided as it may affect the specific tax consequences to any individual (including sole proprietor), corporate, partnership, estate or trust taxpayer, which will depend on many other facts and circumstances. The information is for the general benefit of persons interested in obtaining certifications from OPRHP that may allow them to qualify for federal or state historic properties tax credits. Given the frequency of changes in federal and state tax laws, regulations and guidance, of necessity, the information cannot be expected to be completely current and it represents a good faith effort to reference controlling laws and regulations as accurately as possible.

I have read the above statement Initial here: _____

6. Income Waiver:

Will your New York Adjusted Gross Income for the tax year in which you claim the credit be \$60,000 or below? Yes ☐ No ☐

If the "Yes" box is checked:

- The processing fees will **not** be charged

If the "No" box is checked

- Your \$25 Part 2 processing fee check must be included with this application.

The above statement is true Initial here: _____

Note: Offering a false instrument for filing to a public officer could subject you to misdemeanor or felony charges under Penal Law Sections 175.30 and 175.35.

7. Attachments (required unless otherwise noted)

- ☐ Exterior photos of all visible elevations of the house.
- ☐ Photos of all areas of proposed work keyed to site/floor plans
- ☐ Approval of local preservation commission or planning board (if applicable, not mandatory)
- ☐ Construction Plans (if applicable to the project)
- ☐ Manufacturer's Product information (if applicable to the project)
- ☐ \$25.00 Part 2 Processing Fee (unless exempt, per Section 6 above)

8. Signatures: (Original signatures are required if submitting hard copy forms)

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

Owner Signature: _____ Date: _____

Owner (2) Signature: _____ Date: _____

Mail completed form to: OPRHP
PO Box 189
Waterford, NY 12188

FOR STATE USE ONLY Part 1

Review number assigned: _____ Fee Paid: Yes ☐ No ☐
Notary Signature: Yes ☐ No ☐ Check # _____ Date: _____ Amount: _____
Fee is correct: Yes ☐ No ☐ Indicate if fee was returned: Yes ☐ No ☐ Date Returned _____

Part 2 - Project Work Sheet *(this page must be included with submission, print additional sheets as needed)*

**Please note that costs indicated in the Part 2 work sheet can be approximated values of the anticipated expenditures provided by the applicant. Contractor estimates are not required for Part 2 approval. Exact numbers of final costs will be submitted with the Part 3.*

Photo #	Title of Work Proposed	Existing Condition	Proposed Work	Estimated Cost*
Total Estimated Cost:				

Part 2 - Project Work Sheet continued

Photo #	Title of Work Proposed	Existing Condition	Proposed Work	Estimated Cost*
Total Estimated Cost:				