KHC Form TC-3 Rev. 2022

## COMMONWEALTH OF KENTUCKY **Kentucky Heritage Council**

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Part 3 – Request for Certification of Completed Work

of Revenue. Submit this completed application and fee to the Kentucky Heritage Council upon completion of the project.

This page must bear the applicant's original signature and must be dated. A copy of this form may be provided to the Kentucky Department

Kentucky Historic Preservation Tax Credit Certification Application

Date Received

	Street:(	County:	State: KY	Zip:			
	·			-	9-Digit Zip Co		
]	Project Category:	3. Project Data	ı <b>:</b>				
(	(Check one, must match Part 2 Application):	D 1 122 2					
	Owner-Occupied residential proper	Total cost (QRE* plus non-QRE): \$					
	<b>Commercial Property</b>		* Qualified rehabilitation expenditures				
	• •		Completic				
	Other	Number of housing	g units before / after reh	abilitation:	/		
	Other	Floor area before	/ after rehabilitation:	/_	sq		
		Use(s) before / aft	er rehabilitation:	/			
	Request for Certification:						
	I hereby apply for certification of rehabilitatic Credit. I declare under penalty of law that the Secretary of the Interior's Standards for I Rehabilitation and any conditions issued by Applicant/owner (please print):  If more than one owner, attach full list of all owner.	e completed rehabilitation, t Rehabilitation and is consist the Kentucky Heritage Cou	to the best of my belief a stent with work described noil.	nd knowled d in <i>Part 2-</i>	ge, meets the Description of		
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Kentucky Heritage Council

Kentucky Heritage Council
Kentucky Historic Preservation Tax Credit Certification Application

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## Part 3 – Request for Certification of Completed Work

Date Received

Historic Property Name:		
Street:	City:	State: KY Zip:
Additional Owners Continue on	additional sheets as needed to list all owners	s. List percentage of ownership.
Name:	Signatur	re:
Percentage of Ownership:	Social Security or Taxpayer ID #	
City:	State:	Zip:
Phone:	Email:	Date:
Name:	Signatur	re:
Percentage of Ownership:	Social Security or Taxpayer ID #	
City:	State:	Zip:
Phone:	Email:	Date:
Name:	Signatur	re:
Percentage of Ownership:	Social Security or Taxpayer ID #	
City:	State:	Zip:
Phone:	Email:	Date:
Name:	Signatur	re:
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City:	State:	Zip:
Phone:	Email:	Date:
Name:	Signatur	re:
Percentage of Ownership:	Social Security or Taxpayer ID #	
City:	State:	Zip:
Phone:	Email:	Date:
Name:	Signatur	re:
Percentage of Ownership:	Social Security or Taxpayer ID #	
City:	State:	Zip:
Phone:	Email:	Date:

KHC Form TC-4 Rev. 2022

## COMMONWEALTH OF KENTUCKY Kentucky Heritage Council

Kentucky Historic Preservation Tax Credit Certification Application

Summary of Investment and Election of Credit

Date Received

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orm must be completed and submitted as an attachment to the Part 3 – Request for Certification of Completed Work

Street:						
	State. <u>1</u>	VV 7in				
Jwner						
Organization: Soc						
Street: City:_						
Phone: Email:						
he period that QREs are being captured runs from (start date): Please note that for the Kentucky Historic Preservation Tax Cr						
or commercial projects, adjusted basis at start date is \$	and on completic	on date is \$				
applicable, denote tax year in which owner previously claimed a KY	Historic Preservation Tax Cred	dit on this property:				
I have chosen to:	ODE	36 ( ) 1				
	QRE*	Materials	Labor			
Use the credit. If this credit was allocated in						
the 2011 allocation pool or later, the credit shall be refundable.						
Terundaore.						
Transfer or assign the credit for some or no						
consideration, along with any related benefits, rights,						
responsibilities and liabilities to any entity subject to						
the tax imposed by KRS 136.505. I understand that						
within thirty (30) days of the date of any transfer of						
credits, the party transferring the credits shall notify						
the Kentucky Department of Revenue of:						
<ul> <li>The name, address, employer identification number, and bank routing</li> </ul>						
and transfer number, of the party to						
which the credits are transferred;						
The amount of credit transferred; and						
Any additional information the						
Department of Revenue deems necessary.						
An application for a final determination						
of credit shall include an IRREVOCABLE	_					
election by the taxpayer to use or transfer	Total QRE*					
the credit.	*Oualified Rehabil	litation Expenditures				

**Note:** For owner-occupied residences, this form must be notarized. For all other projects, a Certified Public Accountant (CPA) must complete a compilation of qualified rehabilitation expenses or sign this form. The compilation must include the CPA name, license #, contact information and wet signature, as well as dates and amounts for QREs, amount of adjusted basis, and dates and amounts showing adjusted basis is exceeded. **See Instructions and Guidelines for more.** 

KHC Form TC-3 Rev. 2022 COMMONWEALTH OF KENTUCKY Kentucky Heritage Council

Kentucky Historic Preservation Tax Credit Certification Application

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Part 3 – Request for Certification of Completed Work

Date Received

## This page is for informational purposes only.

**NOTE:** If the owner of this property is also applying for a federal tax credit, **this entire form and the Part 3 fee are** required to be completed and submitted along with the federal Part 3 application. If applying for both programs, **two sets of all documentation must be submitted** (including photos, photo key plan, and any additional information). We recommend that the applicant make an additional copy of all forms, attachments, photo key plans, numbered photos etc. to keep for their own records.

**Checklist** – please check each item to ensure that a completed application is submitted. 1. Form Completed *Part 3 – Request for Certification of Completed Work* form. Form has the applicant's original signature and must be dated. Project category checked matches the previous Part 2 application. The rehabilitation costs listed on this form match the costs on the Summary of Investment form. 2. **Attachments** (Summary of Investment and Election of Credit form, photographs, photo key plans) ☐ Completed Summary of Investment and Election of Credit form with applicant's original signature. Owneroccupied residential projects must be notarized. All other projects must have a Certified Public Accountant complete a compilation of qualified rehabilitation expenses with wet signature; see TC-4 form for guidance. A plan of each floor of the building as it appears after rehabilitation. This plan is not required to be drawn by an architect and can be done on graph paper. Photos must be keyed to these plans. These plans should not exceed 11x17" in size and must be submitted in PDF format. ☐ Photos of the building as it appears after rehabilitation. Please photograph every outside face of the building and every interior room of the building (including areas where no work occurred). Please refer to the Part 1 checklist for additional photo requirements. Photos must be submitted using the Photo Form's formatting. All of the photos should be submitted as a single PDF. Refer to the submittal instructions and Photo Form directions for more details. Photos should be numbered and taken from the same vantage points as the Part 2 application (as indicated in the Photo Key Plan). Fee 3. Refer to the Fee Schedule on the KHC website to determine amount of the Part 3 review fee. ☐ Pay applicable Part 3 fee when submitting the application. Follow electronic payment instructions and/or mailed payment instructions on the KHC website for payment details.