



Ohio Historic Preservation Tax Credit

Request for Certification and Notification of Project Completion

Name of Building/Project: _____

This form will provide guidance on what information and documentation is required to request certification for an approved Ohio Historic Preservation Tax Credit application. After a project is completed, the applicant has 90 days to notify the Ohio Development Services Agency and request an Ohio Historic Preservation Tax Credit certificate. Please read all instructions carefully before compiling your request for certification and contact the Office of Strategic Business Investments at historic@development.ohio.gov or (614) 466-4551 if you have any questions.

- The Ohio Historic Preservation Tax Credit Program materials are available online at ohptc.development.ohio.gov. Section 8 of the Program Policies provides additional guidance on project certification.
- Complete this request for certification as a PDF form and print out for submission with original signature by the authorized representative of the application, along with the attachments required. The request will not be considered complete without inclusion of these attachments.
- Certifications of the historic rehabilitation work completed (e.g. Part 3) should be submitted directly to the State Historic Preservation Office on the applicable forms.
- You may submit forms via U.S. mail, delivery service or in person to:

**Ohio Development Services Agency, Office of Strategic Business Investments
77 South High Street, 28th Floor, Columbus, Ohio 43215**

1. Authorized Representative Declaration

I hereby apply to the director of Development Services for an Ohio Historic Preservation Tax Credit certificate. I hereby attest that the information I have provided with this request is, to the best of my knowledge, correct. The project has been completed as outlined in the approved application and any approved amendments. The tax credit requested represents qualified rehabilitation expenditures incurred during the rehabilitation period. I understand that the issuance of the tax credit certificate does not represent a verification or certification by the director of Development Services of the amount of qualified rehabilitation expenditures for which the tax credit can be claimed. Rather, the amount of the tax credit and the qualified rehabilitation expenditures are subject to inspection and examination by the Ohio Department of Taxation.

.....
Authorized Representative's Signature:

_____ Date: _____
(Original Signature only)

Authorized Representative's Name and Title: _____



**Development
Services Agency**

2. Project Information

PROJECT INFORMATION

Name of Building/Project: _____

Address: _____

City: _____, Ohio Zip: _____

County: _____

Parcel Number(s): _____

Permanent Jobs Created: _____ Construction Jobs Created: _____

Project Square Feet: _____ Residential Units: _____

Rehabilitation Period for Qualified Rehabilitation Expenditures:

Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____

For Staged Projects, identify the stage for which certification is sought:

Stage ____ of ____ Total Stages Final Certification

OWNER OR LESSEE INFORMATION

Project Owner or Lessee: _____

Tax Class (LLC, S/C-Corp, Partnership, Individual, Other): _____

FEIN: _____ SSN: _____

Ohio Secretary of State Charter Number: _____

Ohio Employer Withholding Account Number: _____

Representative Name and Title: _____

Representative Company: _____

Mailing Address: _____

Telephone (Direct): _____ Email: _____

PROJECT CONTACT INFORMATION

Contact Name and Title: _____

Contact Company: _____

Mailing Address: _____

Telephone: _____ Email: _____



3. Financial Analysis

Total Project Investment: _____

Qualified Rehabilitation Expenditures: _____

Ohio Historic Preservation Tax Credit Requested: _____

DOCUMENTATION REQUIRED

Provide as attachment a financial analysis of the project and final qualified rehabilitation expenditures. For projects with qualified rehabilitation expenditures exceeding \$200,000, the financial analysis must be documented in a cost certification report completed by a third-party certified public accountant. The analysis shall include all qualified rehabilitation expenditures, non-qualified rehabilitation expenditures, total project costs and requested Ohio Historic Preservation Tax Credits. If a cost certification is not performed, a template report can be obtained from the Office of Strategic Business Investments.

4. Proof of Completion

Date final Certificate of Occupancy was issued: _____

(use anticipated date if not yet received)

DOCUMENTATION REQUIRED

Provide as attachment the final certificate(s) of occupancy from the applicable building department or authority verifying that all relevant state and local regulations pertaining to the health and safety of occupants are met for the project.

5. Proof of Ownership or Leaseholder Interest

DOCUMENTATION REQUIRED

- 1. If the applicant is a fee simple owner, provide the property deed or county auditor’s card for all parcels; or
- 2. If the applicant is a qualified lessee, provide an executed lease agreement for a term equal to or exceeding the lease term requirements under 26 U.S.C. 47(c)(2)(B)(vi).

6. Pass-Through Entity Information

If the applicant is a pass-through entity, complete a box for each individual or entity that is a member of the pass-through entity. If available, attach a diagram of the ownership and/or leasing structure. If the applicant has more than 10 members, duplicate page 5 as necessary.

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of tax credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

| | | | |
|---|--|------------------|--|
| Entity or Individual Name | | | |
| Mailing Address | | | |
| FEIN or SSN | | Taxable Year End | |
| Percentage of ownership in pass-through entity | | | |
| Percentage of tax credit allocated to this entity | | | |
| Tax against which this entity will apply tax credit | | | |

7. Historic Approvals

Date of submittal to the State Historic Preservation Office: _____

(use anticipated submission date if not yet submitted)

DOCUMENTATION REQUIRED

Combined State and Federal Project

In accordance with federal instructions, complete and submit to the State Historic Preservation Office a federal Part 3 - Request for Certification of Completed Work.

State Only Project

Provide photographic documentation of the completed project meeting the following guidance:

- Provide good, clear photographs of the building as it appears after the rehabilitation.
- Exterior photographs must show all elevations of the building and views of the building in its setting on the street.
- Interior photographs must show spaces and representative secondary spaces.
- Photographs must be numbered, dated and labeled with the building name, the view (e.g. east side), and a brief description of what is shown.
- Photographs must be keyed to site plan and floor plans. Key photographs to the application narrative where appropriate. For clear documentation, 35 mm photographs are recommended.
- Digital photographs are accepted if equal in quality to clearly focused, properly exposed 35mm.

8. Certification Fee

DOCUMENTATION REQUIRED

Applicants approved after July 1, 2011 are subject to a final certification fee. The certification fee will equal 1.5 percent of the tax credits requested at certification less the sum of the application fee and servicing fee paid by the applicant. The fee shall be paid before a tax credit certificate is issued.

Provide as attachment the certification fee paid in full via check made out to 'Treasure, State of Ohio.' The amount of certification fee for the project can be confirmed by the Office of Strategic Business Investments.

