CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM
REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

INSTRUCTIONS:
Complete both sides of this form. All owners are required to attach as part of this application the “Owner Occupancy Assurance Statement” (RTC-4-1). If the owner is requesting that the tax credit voucher be issued to a third party, the owner must provide: (a) “Contributing Taxpayer Statement of Funds Transaction” (RTC-4-2) from each taxpayer and (b) notarized form, “Owner Certification of Taxpayer as Contributing” (RTC-4-3).

Tax Credit Reservation # _____

1. HISTORIC PROPERTY
   Address: Street _____
   Town _____ State _____ Zip _____
   Project # _____
   Date Part 3 (Request for Certification of Completed Rehabilitation Work) approved _____
   ☐ copy of certified Part 3 application enclosed

2. OWNER
   Name _____
   Organization _____
   Address: Street _____
   Town _____ State _____ Zip _____
   Telephone # _____ e-mail _____
   Taxpayer Social Security, FEIN, or CT Tax Registration # _____
   Non-profit housing corporation documentation attached:
   ☐ copy of certificate of incorporation or
   ☐ copy of certification letter as Community Housing Development Organization (CHDO) or
   ☐ other data, specify: _____

3. PROJECT COSTS AND PAYMENT
   Total qualified rehabilitation expenditures $ _____
   Documentation:
   a. ☐ Accounting of qualified rehabilitation expenditures
   b. ☐ Mechanics lien waiver(s) ☐ Copy of paid invoices ☐ Copies of canceled checks
   ☐ Other data, specify: _____
   or
   c. ☐ Previously submitted
4. Assignment of Tax Credit Voucher

Check one:

☐ I hereby request that the tax credit voucher for the above-listed historic property be assigned to the owner named in item #2.

☐ I hereby request that the tax credit voucher for the above-listed historic property be assigned to one or more taxpayers named below:

Name of Corporation
Contact
Address: Street
Town State Zip
Telephone #
Taxpayer FEIN or CT Tax Registration #
Percentage amount of total tax credit

Name of Corporation
Contact
Address: Street
Town State Zip
Telephone #
Taxpayer FEIN or CT Tax Registration #
Percentage amount of total tax credit

5. Owner Certification

I hereby attest that I am the owner of the above-listed historic property and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner ________________________________ Date ______________

OFFICE USE ONLY

Tax credit voucher # _____________ Amount $ ______________ Date of issuance _________________
Tax credit voucher # _____________ Amount $ ______________ Date of issuance _________________
CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

OWNER-OCCUPANCY ASSURANCE STATEMENT

1. HISTORIC PROPERTY
   Address: Street _____
            Town _____ State _____ Zip _____

2. OWNER
   Name _____
   Organization _____
   Address: Street _____
            Town _____ State _____ Zip _____
   Telephone # _____
   Taxpayer Social Security, FEIN, or CT Tax Registration # _____

3. OWNER-OCCUPANCY STATEMENT

   Check one:
   ☐ As the owner of the historic property named above, I hereby agree to occupy the historic property as my primary residence during the five-year occupancy period required in CGS 10-416.
   ☐ As the owner of the historic property named above, I hereby agree to convey the historic property to a new owner who will occupy the historic property during the five-year occupancy period required in CGS 10-416.

   Signature of Owner _______________________________ Date ________________
CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

CONTRIBUTING TAXPAYER STATEMENT OF FUNDS TRANSACTION

OWNER TO COMPLETE THIS SECTION

1. Name _____
   Organization _____
   Address: Street _____
   Town _____ State _____ Zip _____
   Telephone # _____
   Taxpayer Social Security, FEIN, or CT Tax Registration # _____

2. Historic Property
   Address: Street _____
   Town _____ State _____ Zip _____
   Project # _____

CONTRIBUTING TAXPAYER TO COMPLETE THIS SECTION. ATTACH COPY OF CERTIFICATE OF LEGAL EXISTENCE.

Name of Corporation _____________________________________________________________
Address: Street ________________________________________________________________
   Town __________________________ State __________ Zip _____________
   Telephone # ___________________________ FEIN or CT Tax Registration # __________

In accordance with State of Connecticut regulations Section 10-320j-9 (a), the above-named corporation is contributing to the rehabilitation of the above-listed historic property in the form of

(check one)

□ cash    □ grants    □ applying the tax credit to reduce the amount owing on an extension of credit

______________________________________________________________________________ Date _______________________
Signature of duly authorized representative

Print name and title of signatory ____________________________________________________________

Citation: Section 10-320j-9(a)
(a) As used in this section, “contributing” means providing funds, including cash, grants, or extensions of credit, with, in cases of extension of credit, the tax credit being applied toward the reduction of the amount owing on the extension of credit.
CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

OWNER CERTIFICATION OF TAXPAYER AS CONTRIBUTING

OWNER TO COMPLETE THIS SECTION

1. Name _____
   Organization _____
   Address:   Street _____
                Town _____ State _____ Zip _____

2. Historic Property
   Address:   Street _____
                Town _____ State _____ Zip _____
   Project # _____

3. Contributing Taxpayer
   Name of Corporation _____
   Address:   Street _____
                Town _____ State _____ Zip _____
   Telephone # _____
   FEIN or CT Tax Registration # _____

OWNER TO EXECUTE THIS SECTION ONLY IN PRESENCE OF NOTARY PUBLIC

In accordance with State of Connecticut regulations Sections 10-320j -9 (a) and (d), I hereby attest that the corporate taxpayer named above is contributing to the rehabilitation of the above-listed historic property.

Signature of Owner ___________________________________________ Date ______________

Subscribed and sworn to before me at _______________________________, Connecticut, this ______ day of __________________, 20____ .

__________________________________________________________
NOTARY PUBLIC