

MAINE HISTORIC PRESERVATION COMMISSION
PART A: MAINE STATE REHABILITATION TAX CREDIT REPORTING FORM

Purpose: 27 MRSA §511 requires the Maine Historic Preservation Commission to issue annual reports on approved and certified historic rehabilitation projects. The information submitted on this form will be used by the Commission to meet the annual reporting requirements and to document how the Maine State Rehabilitation Tax Credit is supporting the goals of historic preservation, community and economic development, and community revitalization. **Part A of this form must be submitted with Part 2 of either the Federal Historic Preservation Certification Application or the State of Maine Small Project Rehabilitation Certification Application in order to claim the Maine State Rehabilitation Tax Credit.**

1. Property information:

Name and street address: _____
City, state and zip code: _____

<input type="checkbox"/> Listed individually in the National Register of Historic Places	Date of listing: _____
<input type="checkbox"/> Located in a Registered Historic District	Name of district: _____
<input type="checkbox"/> Determination of eligibility completed for National Register listing	Date of determination: _____
<input type="checkbox"/> Part 1 NPS-HPCA or MHPC-SPRCA submitted	Date of certification: _____

2. Proposed rehabilitation information:

Project start date (est.): _____	Project completion date (est.): _____
Use(s) before rehabilitation: _____	Proposed use(s) after rehabilitation: _____
Assessed tax value of property before rehabilitation: _____	<input type="checkbox"/> Project will utilize New Markets Tax Credits
Municipal mil rate for year rehabilitation project started: _____	<input type="checkbox"/> Project will utilize Low Income Housing Tax Credits
Estimated certified qualified rehabilitation expenditures: _____	Estimated costs of new construction and sitework: _____
Total aggregate square footage before rehabilitation: _____	
Total aggregate square footage after rehabilitation (est.): _____	

3. Affordable housing information: Affordable housing means a decent, safe and sanitary dwelling, apartment or other living accommodation for a household whose income does not exceed 60% of the median income for the area as defined by the United States Department of Housing and Urban Development under the United States Housing Act of 1937, Public Law 412, 50 Stat. 888, Section 8, as amended.

Number of housing units before rehabilitation: _____	Number of housing units after rehabilitation: _____
Number of affordable housing units preserved: _____	Number of affordable housing units created: _____
Total aggregate square footage of project that will be housing: _____	
Total aggregate square footage of project that will be affordable housing: _____	

4. Description of project: Provide a written description of the project including the condition and use of the building before rehabilitation, proposed use after rehabilitation, organizations involved with making the project feasible and the projected impact on the community after completion. **This field limited to 500 characters. If additional space is needed please use continuation sheet.**

5. Owner:

Name: _____ Signature: _____ Date: _____
Organization: _____
Address: _____
Telephone: _____ Email: _____

MHPC USE ONLY

MHPC authorized signature: _____ MHPC date received: _____ MHPC project number: _____

MAINE HISTORIC PRESERVATION COMMISSION

PART B: MAINE STATE REHABILITATION TAX CREDIT REPORTING FORM

Purpose: 27 MRSA §511 requires the Maine Historic Preservation Commission to issue annual reports on approved and certified historic rehabilitation projects. The information submitted on this form will be used by the Commission to meet the annual reporting requirements and to document how the Maine State Rehabilitation Tax Credit is supporting the goals of historic preservation, community and economic development, and downtown revitalization. Part B of this form must be submitted with Part 3 of either the Federal Historic Preservation Certification Application or the State of Maine Small Project Rehabilitation Certification Application.

1. Property information:

Name and street address: _____
City, state and zip code: _____

Listed individually in the National Register of Historic Places Date of listing: _____
Part 1 NPS-HPCA or MHPC-SPRCA submitted Date of certification: _____
Part 2 NPS-HPCA or MHPC-SPRCA submitted Date of approval: _____

2. Completed rehabilitation information:

Project start date: _____ Project completion date: _____
Use(s) after rehabilitation: _____ Number of people employed in rehabilitated building: _____
Assessed tax value of property after rehabilitation: _____ Project utilized New Markets Tax Credits
Municipal mil rate for year project completed: _____ Project utilized Low Income Housing Tax Credits
Total certified qualified rehabilitation expenditures: _____ Total costs of new construction and sitework: _____
Total aggregate square footage before rehabilitation: _____ Number of construction jobs during rehabilitation: _____
Total aggregate square footage after rehabilitation: _____

3. Affordable housing information: Affordable housing means a decent, safe and sanitary dwelling, apartment or other living accommodation for a household whose income does not exceed 60% of the median income for the area as defined by the United States Department of Housing and Urban Development under the United States Housing Act of 1937, Public Law 412, 50 Stat. 888, Section 8, as amended.

Number of housing units before rehabilitation: _____ Number of housing units after rehabilitation: _____
Number of affordable housing units preserved: _____ Number of affordable housing units created: _____
Total aggregate square footage of project that is housing: _____
Total aggregate square footage of project that is affordable housing: _____

4. Description of project: If the final project outcome differs from the projected outcome provided in Part A of this form, please provide a brief summary of why such differences occurred. This field limited to 500 characters. If additional space is needed please use continuation sheet.

5. Owner:

Name: _____ Signature: _____ Date: _____
Organization: _____
Address: _____
Telephone: _____ Email: _____

MHPC USE ONLY

MHPC authorized signature: _____ MHPC date received: _____ MHPC project number: _____

MAINE HISTORIC PRESERVATION COMMISSION

MAINE STATE REHABILITATION TAX CREDIT REPORTING FORM - CONTINUATION SHEET

MHPC USE ONLY

MHPC authorized signature:

MHPC date received:

MHPC project number: