

**STATE OF DELAWARE  
HISTORIC PRESERVATION TAX CREDIT APPLICATION  
PART 2 – CERTIFICATION OF REHABILITATION**

**OFFICE USE ONLY**

NPS No. (if applicable):

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Project No:

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**Instructions:** See Historic Preservation Tax Credit Program Guidance for Completing Applications.  
Application is incomplete without a Description of Rehabilitation Work.

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**1. PROPERTY DATA:**

Address: \_\_\_\_\_

Historic Name (if known): \_\_\_\_\_

Listed individually in the National Register of Historic Places

Located in an historic district; name of district: \_\_\_\_\_

Was a Part 1 form submitted:            previously            with the Part 2

**2. DATA ON BUILDING AND REHABILITATION PROJECT:**

When the rehabilitation is complete, the building will be:

rented or leased, or            sold, or            in non-profit use, or            a principal residence

Rehabilitation start date (estimated): \_\_\_\_\_ Rehabilitation completion date (estimated): \_\_\_\_\_

Has any part of the rehabilitation work been completed:    YES            NO. If yes, include in description of existing conditions.

Building's use before rehabilitation: \_\_\_\_\_ Use after rehabilitation: \_\_\_\_\_

Number of housing units before / after rehabilitation: \_\_\_\_\_ / \_\_\_\_\_

Number of low income housing units after rehabilitation: \_\_\_\_\_

Is enlarging the building part of the rehabilitation plan: \_\_\_\_\_

If so, indicate square footage before/after: \_\_\_\_\_ / \_\_\_\_\_

Estimated cost of rehabilitation (will be used for assessing credit reservation; back up documentation required): \_\_\_\_\_

**3. APPLICANT:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**4. PROJECT CONTACT (if different from above):**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. NOTICE OF FEES TO BE ASSESSED (Note: Does not apply to applicant categorized as homeowner or resident curator):**

The applicant fee is determined at 1.5% of the credit reservation requested in the Part 2 Certification of Rehabilitation, and payable to the State of Delaware. The fee will be calculated by the Delaware State Historic Preservation Office based on the qualified expenditures indicated in the Part 2 Certification of Rehabilitation and its associated documentation. Payment must be received before the Part 2 Certification of Rehabilitation is signed by the SHPO. If the applicant requests an increase the amount of tax credits to be awarded to a project, this will result in a supplemental fee. All fees are non-refundable.

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The Delaware State Historic Preservation Office has determined that the rehabilitation, or the completed phase thereof, as described in this *Part 2 – Certification of Rehabilitation* Application for the above-named Certified Historic Property:

- Is consistent with the Secretary of the Interior’s Standards and Guidelines for Rehabilitation, and is compatible with the historic character of the property or the district in which it is located,
- Is consistent with the Secretary of the Interior’s Standards and Guidelines for Rehabilitation, and is compatible with the historic character of the property or the district in which it is located provided that the attached conditions are met.
- Is not consistent with the *Secretary of the Interior’s Standards and Guidelines for Rehabilitation*.



Certified by: \_\_\_\_\_  
Timothy A. Slavin, Delaware State Historic Preservation Officer      Date