

**STATE INCOME TAX CREDIT FOR REGISTERED CULTURAL PROPERTIES
 PART 2 APPLICATION: CERTIFICATION OF COMPLETED WORK**

For State Use Only
Received: _____
Log Number: _____

1. PROPERTY IDENTIFICATION

Address: _____
 City: _____ County: _____
 Vicinity (if rural): _____
 Name of Historic District or Individual Listing in State Register of Cultural Properties: _____ SR#: _____

2. OWNER IDENTIFICATION

Name(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone(s): _____ Email(s): _____
 Taxpayer Identification Number(s) or Social Security Number(s): _____

3. DESCRIPTION OF REHABILITATION WORK

a. COMPLETED ELIGIBLE WORK

List and describe *eligible* work that was completed by feature (e.g., roof, windows, and south window). Aim to mirror the itemization in the approved Part 1 application/amendment. Each item should refer to an included photograph and have a respective cost.

Feature	Description of Rehabilitation	Cost
Photo/Drawing #:		
Photo/Drawing #:		
Photo/Drawing #:		
Photo/Drawing #:		
Photo/Drawing #:		

b. COMPLETED INELIGIBLE WORK

List and describe any *ineligible* work that was completed by feature using the same guidance as above. Descriptions of included ineligible work are important in determining whether a project as a whole meets the Standards, which is required.

Photo/Drawing #:		
Photo/Drawing #:		
Photo/Drawing #:		

- Photographs included (**REQUIRED**) Additional sheets for work description attached (if necessary)

4. PROJECT COSTS

Enter total actual costs from section 3 **and** provide required financial documentation to include invoices/receipts as well as payment verification in the form of cancelled checks and/or bank/card statements.

Total Eligible Expenses: _____
 Total Overall Project Cost (Eligible and Ineligible Expenses): _____

- Detailed and itemized invoices included (**REQUIRED**) Verification of payment included (**REQUIRED**)

5. PROJECT START/COMPLETION DATES

Actual Start Date: _____ Actual Completion Date: _____

6. OWNER SIGNATURE

This application acknowledges that I have been informed that the above-referenced property is listed in the State Register of Cultural Properties. With my signature below, I am submitting this application to the State Income Tax Credit for Registered Cultural Properties program, and I attest that the information I have provided is, to the best of my knowledge, correct:

Name(s): _____

Signature(s): _____ Date: _____

The Cultural Properties Review Committee is an advisory group. Committee members are not acting as professional consultants, nor are they providing professional architectural or engineering services for any project while in the process of reviewing and making recommendations for conformance with the tax incentive programs. The actions and approvals of the Cultural Properties Review Committee and/or the Historic Preservation Division staff are NOT a substitute for any other necessary design and construction reviews or actions by the State of New Mexico or local building officials or for your local historic preservation commissions, and vice versa. Review of projects is provided solely for the purpose of compliance with the State Income Tax Credit for Cultural Properties program requirements and standards.

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CERTIFICATION

The Cultural Properties Review Committee has reviewed this application and:

- approves** the application *as submitted*.
- approves** the application *with conditions* stated on the attached sheet or letter.
- rejects** the application because the performed work does not reflect the approved project or does not conform to approval conditions or standards set forth in the program regulations.
- tables** the application and *requests additional information* stated on the attached sheet or letter before the application will be reviewed.

Eligible Expenses Approved: _____

50% Tax Credit—Maximum Available: _____

Reviewed and approved by the CPRC on (date): _____

Name: _____ Chair, Cultural Properties Review Committee

Signature: _____ Date: _____
