



RIVER EDGE HISTORIC TAX CREDIT PROGRAM

**CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES
FOR ROCK ISLAND RERZ PROJECTS**

FEDERAL PROJECT NUMBER _____

DATE OF PART 3 CERTIFICATION/PHASE ADVISORY APPROVAL BY NPS _____

1. Name of property _____

Street _____

City _____ County _____ Zip _____

2. Owner

I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.

Name _____ Signature _____ Date _____

Organization _____ FEIN or SSN _____

Street _____ City _____

State _____ Zip _____ Phone _____ Email _____

3. Expenditures incurred in (check one): entire rehabilitation project or federal phase ____ of ____

Total of qualified rehabilitation expenditures (QRE) \$ _____

Total of QRE incurred after 10/21/25 (date of RERZ certification) \$ _____

Total of non-qualified rehabilitation expenditures (non-QRE) \$ _____

Total expenditures incurred (QRE plus non-QRE) \$ _____

Qualified expenditure period: Start date _____ End date _____

4. Adjusted basis on the first day the qualified rehab plan commenced \$ _____**5. Project completion/placed in service date** _____**6. Certification of costs**

I hereby certify the above expenses for the total project or phase, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____ Date _____

Firm _____ CPA License # _____

Street _____ City _____

State _____ Zip _____ Phone _____ Email _____

IDNR office use only

Phased advisory/Part 3 approved by NPS? Y/N Date _____

_____ QREs and _____ credits awarded previously for phases

_____ QREs and _____ credits eligible for award in this application

Issuance fee to be requested \$ _____

Date fee requested _____

Date fee collected _____