

## THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES

## RIVER EDGE HISTORIC TAX CREDIT PROGRAM

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

DE	RAL PROJEC	INUMBER			DATE OF PART 3 CERTIFICA	ATION/PHASE ADVISORY APPROVAL BY NP
	Name of	property				
	Name of propertyStreet					
		city County				Zip
	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					
	Expenditures incurred in (check one): entire rehabilitation				habilitation project or	federal phase of
	Total of qualified rehabilitation expenditures (QRE)					\$
	Total of QRE incurred after 10/21/25 (date of RERZ ce				ertification)	\$
	Total of non-qualified rehabilitation expenditures (non-				-QRE)	\$
	Total expenditures incurred (QRE plus non-QRE)					\$
	Qualified expenditure period: Start date				End	date
	A al!a4a al	l baaia an 4ba	finat day the av	alifical valach		\$
	-		ced in service		plan commenced	Ψ
	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 qualified rehout. My exa Accountants procedures expressed h determined number is a	n expenditures, an nabilitation plan con mination was conces and, accordingly, as I considered nenerein. In my profe in accordance with active and that there	d that the total of QR mmenced. This is a t ducted in accordance include examining, of ecessary in the circur assional opinion, the part of the Ir e have been no enfo	REs exceeds the chird-party certific with attestation on a test basis, constances. I belied project's total QF aternal Revenue procement, non-control control	adjusted basis value of the heation conducted by a CPA, a standards established by the evidence supporting the calcuve that my examination provides were calculated using the Code of 1986, as amended.	nistoric structure on the first day the and appropriate examination was carried a American Institute of Certified Public ulation of QREs and performing such oth ides a reasonable basis for the opinions accrual method of accounting and I attest that my CPA license/certificate ons taken against me by any relevant sta
	Name of 0	CPA			Signature	Date
	Firm					
	Street					
IR	office use	only				
		-	NPS? Y/N Date			
					ed previously for phases	
					for award in this application	
100	ica fan to ho	requested ¢				
		requested \$				
	ee collected					