Property Tax Assessment Freeze Program

Certificate of Rehabilitation Application

Rev. 8/24

PART 3
Request for Approval of Completed Work

1. Property information Property name (if applicable) _____

Street Address _____

City _____ County _____ Zip _____

2. Project data

A. Property Index Number (PIN) or legal description _____

B. Assessor's Fair Cash Value for the year the rehab began _____

C. Assessed Value for the year the rehab began _____

D. Total of Eligible Expenses _____

E. Total of Ineligible Expenses _____

F. Project starting date _____ **G.** Project completion date _____

H. Total number of housing units before/after rehabilitation _____/_____

3. Project contact (if different from Owner)

Name _____ Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

4. Owner(s) All owners must complete and sign this form. If more than two owners, contact SHPO.

I hereby apply for a Certificate of Rehabilitation for the residence described above for the purposes of the Revenue Act of 1939, as amended. I hereby attest that the information that I have provided is, to the best of my knowledge, correct; that I own and occupy the residence; that it is my principal residence; that I am the first post-project occupant; and that no Certificate of Rehabilitation has been issued for this same residence within 4 years of the adjustment valuation period.

Name _____ Name _____

Signature _____ Date _____ Signature _____ Date _____

Phone _____ Phone _____

Email _____ Email _____

5. Materials that must be submitted with this completed and signed form

A. Labeled exterior and interior post-construction photographs ☐

B. Summary of eligible expenditures ☐

C. Scans of proof of expenditure ☐

D. Property tax bill from the year the rehabilitation began ☐

E. Do-It-Yourself Labor Report (if applicable) ☐