

# City of Hagerstown Convert MF to SF Tax Credit Program Application

## Part II – After Work is Completed

**Applicant:**

Owner's Name:	
Address and Daytime Telephone:	

**Property:**

Address:	
Property Identification:	Parcel ID/Tax Account No:
	City Tax Map No:

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "owner"), hereby certifies that:

1. All apartments of record have been removed from the building:  YES  NO
2. The Engineering Department determined that the exterior of the building meets all code requirements and all core systems have been brought up to code:  YES  NO
3. All extra kitchens and fire escapes have been removed and public spaces (i.e., entrance and stair halls) have been brought back to their original configuration:  YES  NO
4. All extra utility service elements have been removed:  YES  NO
5. The property is owner-occupied:  YES  NO
6. The owner is not delinquent on taxes for the property:  YES  NO
7. Rehabilitation costs exceed 25% of the pre-rehabilitation assessment:  YES  NO

Contractor:	
Contractor phone:	
Contractor address:	

Total cost of the project: \_\_\_\_\_ Start date of the project: \_\_\_\_\_ Completion date: \_\_\_\_\_

Attach photographs of affected areas and supporting documentation (receipts, invoices, cancelled checks) for all eligible costs.

**I certify that the information provided is correct to the best of my knowledge. If requested, I will provide the information required to verify this data.**

**Owner(s)/Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_