

# City of Hagerstown Residential Rehab 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. 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
2. The creation of off-street parking spaces for the building's tenants has been fully investigated:  YES  NO
3. Written lease agreements are in place for all rental tenants which identify unacceptable habitation standards for the tenants:  YES  NO
4. There are \_\_\_\_\_ residential units on the property.
5. The owner is not delinquent on taxes for the property:  YES  NO
6. Rehabilitation costs exceed 25% of the pre-rehabilitation assessment for single-family and two-family dwellings or exceeds \$2,000 per unit for multi-family dwellings:  
 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: \_\_\_\_\_**