



**HISTORIC PRESERVATION TAX CREDIT PROGRAM
FINAL APPROVAL FORM – FORM 2**

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY:				IF APPLICANT IS AN INDIVIDUAL TAXPAYER:			
Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited		Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> LLC		<input type="checkbox"/> Property Owner			
				<input type="checkbox"/> Other (specify) _____			
NAME OF AUTHORIZED COMPANY OFFICIAL			TITLE	MAILING ADDRESS			
BUSINESS ADDRESS				CITY/TOWN			
CITY/TOWN		STATE	ZIP CODE	STATE		ZIP CODE	
TELEPHONE		FAX		TELEPHONE		FAX	
TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)				SOCIAL SECURITY NUMBER			
NAICS CODE (See Definitions in Guidelines)		BUSINESS SIZE (Number of Employees Including Company Owners)		SPOUSE SOCIAL SECURITY NUMBER (if applicable)			
EMAIL ADDRESS				EMAIL ADDRESS			
ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER				ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER			

2. PROJECT CONTACT

Applicant Owner Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TELEPHONE EMAIL ADDRESS FAX

3. PROPERTY INFORMATION

NAME OF PROPERTY

ADDRESS

CITY/TOWN STATE ZIP CODE

COUNTY

PROPERTY (AFTER REHABILITATION)
 Residential Commercial Residential/Commercial Governmental

4. OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

ADDRESS

CITY/TOWN STATE ZIP CODE

TELEPHONE FAX

5. HISTORIC ELIGIBILITY

IS THE PROPERTY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES?

 YES NO

IS THE PROPERTY LOCATED IN A CERTIFIED HISTORIC DISTRICT?

 YES NO If yes, enter name of Historic District below.

Name of District: _____

6. APPLYING FOR FEDERAL PROGRAM? YES NO

(If also applying for federal program, remember to submit three copies of all application materials.)

7. FINAL TAX CREDIT REQUEST

PROJECT START DATE (month/day/year)

PROJECT COMPLETION DATE (month/day/year)

TOTAL COST OF PROJECT (NOT INCLUDING ACQUISITION)

BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF PURCHASE PRICE IF NOT ALREADY PROVIDED

ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT?

 YES NO

IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)

 Missouri Housing Development Commission \$ _____ Brownfield \$ _____ Enterprise Zone \$ _____ New Business Facility \$ _____ Federal Historic Preservation \$ _____ Neighborhood Assistance \$ _____ Neighborhood Preservation \$ _____ Youth Opportunity \$ _____ Local Community Development Block Grant \$ _____ Community Development Block Grant \$ _____ Other (please specify program(s) and amount) _____**8. USE OF PROPERTY: Complete one or both of the sections below, depending on the end use of the property.****8a. If property will be entirely or partially commercial, retail, wholesale, or business use:**

NUMBER OF JOBS CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE CONSTRUCTION JOBS DURING PROJECT)

IS THE PROPERTY RECEIVING TAX ABATEMENT?

 YES NO If yes, for how long? _____**8b. If property will be entirely or partially residential use:**

NUMBER OF HOUSING UNITS CREATED

TYPE OF HOUSING

 SINGLE-FAMILY/OWNER MULTI-FAMILY/OWNER RENTAL

WILL THE PROPERTY RECEIVE TAX ABATEMENT?

 YES NO If yes, for how long? _____**9. PARTICIPATING IN THE E VERIFY PROGRAM?**

IS THE APPLICANT (BUSINESS ENTITY) ENROLLED AND PARTICIPATING IN THE E-VERIFY PROGRAM?

 YES NO

Missouri statutes (Section 285.525-285.555, RSMo) require any business entity receiving a state-administered tax credit to participate in a federal work authorization program, which enables employers to electronically verify employment eligibility with respect to employees working in connection with the activities that qualify the applicant for this program.

To access the E-Verify website, go to: <https://e-verify.uscis.gov/enroll>

9. CERTIFICATION

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
- I certify that applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.
- Applicant understands that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under sections 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
- I understand that if the applicant is found to have employed an unauthorized alien, applicant may subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- Check the applicable box:
 - I certify that I have included a copy of the executed E-Verify Program for Employment Verification Memorandum of Understanding between the company/organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and Social Security Administration.
 - I am not a business entity as defined in RSMo 285.525 (1) as "any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate, issued by the state, any business entity that is exempt by law from obtaining such a business permit, any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo."
- By submitting this application, applicant certifies that it has complied with the Department of Economic Development (DED) Historic Preservation Tax Credit Program requirements. Applicant acknowledges that if DED later determines that applicant failed to comply with the Program requirements, applicant shall be required to return to DED any remaining unexpended tax credit proceeds and repay to DED the monetary value of any expended tax credit proceeds.
- I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
NOTARY PUBLIC EMBOSSER SEAL	On this ____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledges and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	STATE OF	COUNTY	
	NOTARY PUBLIC NAME	MY COMMISSION EXPIRES	USE RUBBER STAMP IN AREA BELOW
	NOTARY PUBLIC SIGNATURE		