

LOG NUMBER

**NEIGHBORHOOD PRESERVATION ACT 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:

Partnership
 General Limited
 Corporation
 Regular Subchapter
 Trust LLC

IF APPLICANT IS AN INDIVIDUAL TAXPAYER:

Property Owner
 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)

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

FAX

EMAIL

3. PROPERTY INFORMATION

ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

4. OWNER INFORMATION (IF PROPERTY HAS BEEN SOLD)

ADDRESS

CITY/TOWN

STATE

ZIP CODE

PHONE

FAX

5. PROJECT INFORMATION

PROJECT START DATE (month/day/year)	PROJECT COMPLETION DATE (month/day/year)
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TOTAL COST OF PROJECT (NOT INCLUDING ACQUISITION)	BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF PURCHASE PRICE IF NOT ALREADY PROVIDED
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NUMBER OF HOUSING UNITS CREATED	PERCENTAGE OF UNIT THAT IS OWNER OCCUPIED
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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 \$ _____
State Historic Preservation \$ _____	Youth Opportunity \$ _____
Local Community Development Block Grant \$ _____	Community Development Block Grant \$ _____
Other (please specify program(s) and amount) _____	

WAS THE PROPERTY VACANT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes how long? _____	PROPERTY TYPE AFTER REHABILITATION <input type="checkbox"/> SINGLE-FAMILY/OWNER <input type="checkbox"/> MULTI-FAMILY/OWNER <input type="checkbox"/> RENTAL
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WILL THE PROPERTY RECEIVE TAX ABATEMENT?
 YES NO If yes, for how long? _____

CHECK LIST FOR REQUIRED ITEMS:

- NPA Final Approval Form 2
- Photographs of Completed Work
- List of Itemized expenditures (NPA-E Form & Notary Page)
- Copies of All Paid Receipts and Proofs of Payments
- Certification of Alien Employment (Applicable for all application years)
- Local Municipality Code Approval or Certificate of Occupancy

After Completion Return To:

Business and Community Services
 Neighborhood Preservation Act Program
 301 W. High Street, Room 770
 P.O. Box 118
 Jefferson City, MO 65102

NEIGHBORHOOD PRESERVATION TAX CREDIT -- APPLICANT 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.
- The information submitted by the applicant to DED in connection with the rehabilitation is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The applicant hereby authorizes DED to verify such information.
- Neither the applicant, nor any individual with an ownership interest in the applicant:
 - Has committed a felony, is currently under indictment or charged with a felony, or is currently on parole or probation;
 - Is delinquent with respect to any non-protested federal, state or local taxes or fees;
 - Has filed, or is preparing to file, for bankruptcy, unless otherwise disclosed to DED; or
 - Has failed to fulfill any obligation under any other state or federal program, including a failure to pay as agreed any accrual upon which tax credits were issued.
- I will inform DED if, at any time before project completion, there is any change to the certifications made in paragraphs 3(a) through 3(d) of this statement of affirmation.
- The applicant, and any vendors the applicant will utilize to perform the rehabilitation, are registered and in good standing with the Missouri Secretary of State's Office.
- The applicant agrees to comply with any and all agreements made pursuant to the rehabilitation, upon which tax credits are issued.
- 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 the 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 the applicant will maintain and, upon request, provide to DED documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify the applicant for this program.
- The 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.

- I certify that (check the applicable box):

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 employee 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, I acknowledge that the applicant shall comply with DED Neighborhood Preservation Tax Credit Program requirements. I further acknowledge that the applicant’s failure to comply with the Program requirements shall result in the return to DED of any remaining unexpended tax credit proceeds and repayment 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 attachments are complete, true, and correct to the best of my knowledge. I also realize that failure to disclose material information regarding the applicant, its owners, or any other pertinent facts may result in crim prosecution.
- I hereby agree to allow DED, Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program.

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				