



**New York State
Parks, Recreation and
Historic Preservation**

KATHY HOCHUL
Governor

KATHY MOSER
Acting Commissioner

State Historic Tax Credit Transfer Application

Please refer to OPRHP’s State Historic Tax Credit Transfer Program Guideline HP-PRO-009 for application and program information.

PROJECT INFORMATION

Use the Tab Key to navigate to the next fillable cell

Rev ____

Is this a new application -or- corrected application?

Application number (assigned by OPRHP)

Submission Date

A corrected application will need to be fully re-signed and resubmitted. It shall replace the prior submitted application in its entirety.

Project Name:			
Project Owner:			
FEIN of Taxpayer Claiming the Federal Credit		Name of Taxpayer claiming the Federal Credit	
National Park Service (NPS) Project ID		OPRHP Project number	
Required DTF # if needed			
Qualification for State Historic Tax Credit	Eligible census tract	affordable housing	OPRHP jurisdiction

OPRHP Building ID Number (AKA USN#)	Address: building number, Street, City	Placed in service Date	Dollar Amount of SHTC already claimed	Amount of Consideration Received by Transferee	Percentage of SHTC to be transferred

*If additional space is needed, please include an attachment

** if a portion of the building is placed in service, please indicate in the address block.

TRANSFER CONTRACT REQUIREMENTS

TAXPAYER/TRANSFEROR

Transferor Name:

Transferor Address:

City:

State:

Zip Code:

Transferor FEIN:

Transferor Contact Person:

Phone:

E-mail:

Attach
transfer
contract

QUALIFIED NON-PROFIT INTERMEDIARY

Will Transferor direct the State Historic Credit to a Qualified Non-Profit Intermediary (QNPI)?

If yes, please sign the Application and provide the QNPI information requested below:

QNPI CEO:

QNPI Board President/Chairperson:

QNPI Name:

QNPI Address:

City:

State:

Zip Code:

QNPI FEIN:

QNPI Contact Person:

Phone:

E-mail:

QNPI Website address:

Attach
Articles of
Incorporation

If utilizing a QNPI, the QNPI shall be a party to the Transfer Contract. In addition, the Transfer Contract shall include the amount, timing and any other terms and conditions of consideration to be received by the QNPI from the relinquishment of the SHTC to the Eligible Transferee. Please summarize such terms in the box below:

OPHRP reserves the right to request additional information regarding the organization's current standing and demonstrated track record.

GUARANTOR

Has the Transferor entered into an agreement with a guarantor for the obligations and liabilities imposed on the Qualified Rehabilitation Project and its owners?

If yes, please attach the guarantee agreement and provide the information requested below:

Guarantor Name:

Guarantor Address:

City:

State:

Zip Code:

Guarantor FEIN:

Guarantor Contact Person:

Phone:

E-mail:

Attach
guarantee
agreement

TRANSFeree

Transferee Name:

Transferee Address:

City: State: Zip Code:

Transferee FEIN: Transferee Contact Person:

Phone: E-mail:

ATTESTATION AND ACKNOWLEDGEMENT

By signing and submitting this SHTC Transfer Application:

- 1. I acknowledge that I have read, understood, and agreed to the statements in the disclaimer below; and

Disclaimer:

The information contained in this document is for general informational purposes and does not constitute professional tax, legal or accounting advice. State Historic Tax Credit Transfer applicants are strongly encouraged to consult their own professional tax, accounting and legal advisors on individual tax matters.

New York State Office of Parks, Recreation and Historic Preservation (OPRHP) is not liable for errors, omissions, or any damages resulting from the use of the information contained in this document.

OPRHP’s approval of the State Historic Credit Transfer will be effective when OPRHP issues the SHTC Transfer Approval Certificate. OPRHP shares the SHTC Transfer Approval Certificate with the New York State Department of Taxation and Finance (“DTF”). DTF determines the actual dollar amount of the State Historic Tax Credit eligible to be transferred. OPRHP does not certify qualified rehabilitation expenditures associated with this or any other project.

- 2. I certify the information submitted in this application is true and correct and any misrepresentation or false information may be grounds for denying the transfer of the State Historic Tax Credit and possible action under the New York State Penal Law concerning the submittal of false information to a State agency.

Attested to and Acknowledged by the Owner/Transferor/Taxpayer’s Authorized Signatory :

Authorized Signatory Name (print name)

Title:

Signature: _____

Date: _____

Attested to and Acknowledged by the Transferee’s Authorized Signatory :

Authorized Signatory Name (print name)

Title:

Signature: _____

Date: _____

Attested to and Acknowledged by the QNPI's Authorized Signatory (as applicable):

Authorized Signatory Name (print name)

Title:

Signature: _____

Date: _____

Note: OPRHP's approval of the State Historic Credit Transfer becomes effective when OPRHP issues the SHTC Transfer Approval Certificate. Notwithstanding The New York State Department of Taxation and Finance shall determine the actual dollar amount of the State Historic Tax Credit eligible to be transferred through its review of applicable tax filings.