



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 1, 2019
SHPO must receive this form by 5:00 P.M., Friday, August 9, 2019

1. Project Information

Building Name: _____ NPS Project #: _____
 Street Address: _____
 City: _____ County: _____ Zip: _____

2. Project Expenditures (complete Section 2.A or Section 2.B below)

2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.

Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
 Estimated QREs from above referenced F-HTC form: _____
 Estimated QREs incurred on and after 1/1/19: _____

2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.

Date of F-HTC Part 3 Certification (attach copy): _____
 Final certified QREs from Cost Certification (attach copy): _____
 Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. Priorities Asserted

Check each priority asserted and attach documentation for each, as per [program instructions](#). **Priorities asserted without attached documentation will be disqualified.**

- [Priority 1: Border County](#)
- [Priority 2: Government Ownership](#)
- [Priority 3: Census Tract](#)
- [Priority 4: Not-For-Profit/B Corp/CDE](#)
- [Priority 5: Disaster Declaration](#)
- No priorities asserted

IDNR/SHPO Office Use Only	
Met	Not Met
Met	Not Met
Met	Not Met
Met	Not Met
Met	Not Met

4. Applicant Information

I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation, and other data required to verify application information.

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Signature: _____ Date: _____