



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES  
**ILLINOIS HISTORIC TAX CREDIT PROGRAM**  
**PART S-3: VERIFICATION OF PRIORITIES**  
**FOR ROUND 2, 2020**

**SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020**

**1. Project Information**

Building Name: \_\_\_\_\_ NPS Project #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Project Expenditures (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)**

**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 or to be 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: Development Partnership](#)
- [Priority 5: Disaster Declaration](#)

**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.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_