



Massachusetts Historic Rehabilitation Tax Credit  
Letter Request Form

**NEW APPLICATION**

**Letters of support from Preservation Massachusetts are required for every application.** This form expedites the process for those seeking letters of support from Preservation Massachusetts for projects that are applying for MHRTCs **for the first time**. This information helps us track MHRTC data across MA. Most (if not all) information can easily be found on Parts 1 and 2 of the federal and state tax credit applications and the MHRTC application.

Each section below must be filled out completely. NR nominations and other documentation can be submitted to supplement this form but not cannot be submitted in place of the information requested.

To ensure your application support letter is ready before the deadline (Jan 15, Apr 30, Aug 31), this completed form must be submitted at least TWO WEEKS in advance of the date you need the letter. Requests received after that cannot be guaranteed before the deadline.

**1. Requestor Contact Information**

- Name: \_\_\_\_\_
- Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

**2. Project Proponent (Developer) Contact Information**

- Name: \_\_\_\_\_
- Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

**3. Are you a current member of Preservation Massachusetts (PM)?**  Yes  No

**4. Contact for Preservation Massachusetts membership (if different than "Developer" contact above)**

- Name: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

**5. Project Name:** \_\_\_\_\_

**6. Project Street Address:** \_\_\_\_\_



**7. Property's National Register or other designation** (*indicate one or more*)

- |  |  |
|--|--|
| <input type="checkbox"/> NR eligibility not yet determined                 | <input type="checkbox"/> NR Eligibility          |
| <input type="checkbox"/> Eligible for the NR                               | <input type="checkbox"/> NR District             |
| <input type="checkbox"/> NR nomination submitted to MHC                    | <input type="checkbox"/> Local Historic District |
| <input type="checkbox"/> NR nomination approved by MHC/awaiting NPS review | <input type="checkbox"/> Design Review District  |

If part of a district, name of district: \_\_\_\_\_

**8. Is the project also using the Federal Rehabilitation Tax Credit?**  Yes  No

**9. If yes, what is the status of Federal Rehabilitation Tax Credit Application?** (*indicate all that apply*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Part 1 <u>not yet</u> submitted to MHC |   |   |
| <input type="checkbox"/> Part 1 submitted to MHC                | <input type="checkbox"/> Part 1 approved by MHC             | <input type="checkbox"/> Part 1 approved by NPS |
| <input type="checkbox"/> Part 2 submitted to MHC                | <input type="checkbox"/> Part 2 approved by MHC             | <input type="checkbox"/> Part 2 approved by NPS |
| <input type="checkbox"/> Part 2 amendments submitted to MHC     | <input type="checkbox"/> Part 2 amendments submitted to NPS |   |
| <input type="checkbox"/> Part 2 amendments approved by MHC      | <input type="checkbox"/> Part 2 amendments approved by NPS  |   |
| <input type="checkbox"/> Part 3 submitted to MHC                | <input type="checkbox"/> Part 3 approved by MHC             | <input type="checkbox"/> Part 3 approved by NPS |

**10. Estimated Total Project Cost:** \_\_\_\_\_

**11. Estimated Rehabilitation Cost:** \_\_\_\_\_

**12. Total MHRTC Requested/Eligible:** \_\_\_\_\_

**13. Current Status/Use of Building** (e.g., vacant, occupied, housing, commercial, mixed, industrial):  
\_\_\_\_\_

**14. Intended Use After Rehab:** \_\_\_\_\_

(if applicable) Total number housing units after rehab: \_\_\_\_\_ Number of affordable units: \_\_\_\_\_

**15. Building Description** (*summarize from Section 7 of NR nomination. NR nomination can be included as supplemental information*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**16. Significance/building history** (*summarize from Section 8 of NR nomination. NR nomination can be included as supplemental information*): \_\_\_\_\_

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**17. Project summary, including the proposed work program for the rehab** (*be specific—describe plans for the exterior, windows, roof, interior, floor plan, site, access, etc.*): \_\_\_\_\_

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**18. Community benefit and other strengths of the project** (*e.g., job creation, community support, neighborhood impacts, potential to spur area investment, how project meets community needs*):

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**19. Attach 5-10 photos (.jpg files) of the project (interior, exterior, neighborhood/site/context). Include more images if available.**

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**20. Does the project have local historical commission support?**  Yes  No

If no, please explain:

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## **SUBMISSION INSTRUCTIONS**

Email completed form with images/documentation to the contact below. If the email size (with attachments) is 5 MB or larger, please send via Dropbox or equivalent. All letters will be emailed to the requestor directly. No letters will be sent to MHC.

**Preservation Massachusetts, Inc.**

**Attention: Erin Kelly**

**ekelly@preservationmass.org**

Questions? Call 617-723-3383 x.102