Site Rehabilitation Voluntary Cleanup Tax Credit Completeness Checklist

Application #:	Brownfields or Facility ID#:	
Applicant's Name:		
Site Type (Circle one): DSCP DCRPC) Brownfield	
Type(s) of tax credits requested (Circle all that apply): Annual Site Rehabilitation SRCO Affordable Housing Health Care		
Was the application deadline met (by Jawhich the costs being claimed were	• •	(Circle One) YES NO N/A
2. If DSCP site, is there a copy of the deductible letter and proof of payment?		YES NO N/A
3. If DSCP site, is the amount received the same amount as on the cover letter?		YES NO N/A
4. If DC-RPO site type, is the RPO affidavit signed and notarized (page 3)?		YES NO N/A
5. Is the required supporting documentation included (i.e., contracts, invoices, etc.)?		YES NO N/A
6. Is all information certified by the technical professional (page 9)?		YES NO N/A
7. Is all information certified by the CPA (page 10)?		YES NO N/A
8. Is the CPA's Report included?		YES NO N/A
9. Is the applicant's appropriate financial affidavit signed and notarized (page 11)?		YES NO
10. If application is for Site Rehabilitation, were costs incurred during the eligible calendar year and paid prior to the submittal of the application?		YES NO N/A
11. Is the \$250 application review fee enclosed?		YES NO
12. Is proof of applicant's VCA or BSRA enclosed (cover page and signature page)?		YES NO N/A
13. If there are multiple applicants Has each applicant submitted a copy of Section I of the application? Has each applicant signed and notarized the appropriate financial affidavit? Does each financial affidavit indicate the applicant's cost share percentage?		YES NO N/A YES NO N/A YES NO N/A
14. If the applicant is claiming the SRCO bonus tax credit, has a copy of the SRCO been provided?		YES NO N/A
15. If the applicant is claiming the Affordable Housing bonus tax credit, was the		YES NO N/A

16. If the applicant is claiming the Health Care bonus tax credit, was a copy of the license or certificate issued pursuant to Sections 408.032, 408.07 or 408.7056, F.S., or a certificate of occupancy for a health care facility or health care provider submitted?

17. Is the application complete? YES NO (Any "NO" answers = incomplete; Complete apps to be reviewed for eligibility)

18. If the application is incomplete, has the applicant been notified? YES NO (If Yes, when _____/____)

Comments: _____

certification letter from the Florida Housing Finance Corporation, local housing

authority or other government entity submitted?