

**Preservation Tax Credit
Windows & Doors**

**Completed Project
Expense Reimbursement**

City of Mount Rainier, Maryland



Windows & Doors - Preservation Tax Credit

EXPENSE REIMBURSEMENT APPLICATION *For office use only: application #* _____

COMPLETED PROJECT INFORMATION

Applicant / Property Owner

Second Applicant / Property Owner (if applicable)

Full Address of Subject Property

Completion Date of Project: _____
month/day/year

REQUIRED ATTACHMENTS

Attach items listed below, as required. Check each applicable box to show that the information has been included. *If any required information is missing, the application for expenses reimbursement cannot be processed.*

- Proof of reported costs**
 - Copies of cancelled checks, and/or
 - Copies of itemized receipts for payments (marked paid)
 - Copies of signed contracts, bills, and any other documentation of costs (if cancelled checks are made out to an individual rather than a company)

- Clear Color photographs (4" x 6" or larger) of windows and / or doors where work was completed**
 - Please label each photograph with date of photograph, subject of photograph, and property address. Please stack the photographs and put a rubber band around them. Do not attach photographs to this form.
 - Include photographs of all elevations (sides of the structure) where work was completed.

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ITEMIZED COSTS

Do not include the value of any unpaid labor, including building owner's labor, or unpaid materials. A paid receipt or cancelled check for each item listed must be provided with this Application for Expense Reimbursement. If more space is needed for costs, attach additional pages.

Actual Costs:

1. \$ _____

2. \$ _____

3. \$ _____

4. \$ _____

5. \$ _____

6. \$ _____

7. \$ _____

SUBTOTAL \$ _____

If you have attached an extra page, enter the total here: + \$ _____

TOTAL COST OF PROJECT = \$ _____

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ASSURANCES

- I am / we are the owner of the property described in this document.

- Costs and documentation, including photographs submitted with this document are ALL the costs incurred on the project to which the tax credit applies.

Applicant / Property Owner Signature

Date

Mailing Address (if different from property address)

Second Applicant / Property Owner Signature (if applicable)

Date

Mailing Address (if different from property address)

MAIL COMPLETED REIMBURSEMENT APPLICATION TO:

City Manager / Assistant City Manager
City of Mount Rainier, One Municipal Place
Mount Rainier, Maryland 20712

Please allow four (4) weeks for processing