

**MASSACHUSETTS HISTORICAL COMMISSION  
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM  
HISTORIC PRESERVATION CERTIFICATION APPLICATION  
QUESTIONNAIRE/ATTACHMENT**

1. Name of property: \_\_\_\_\_  
Address of property:  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

2. Project contact:

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

3. Owner:

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Organization \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

4. Has the applicant or property owner retained an executive agent/lobbyist for the purpose of influencing the decision of the MHC in awarding an historic rehabilitation tax credit for this project? (see G. L. c. 3, § 39 definition of executive agent).

yes  no

If yes, name of executive agent:

Agent's Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

Date retained by applicant or project owner as executive agent: \_\_\_\_\_