



Livable Homes Tax Credit Certification Form

A. Modification Feature

Description of Feature Installed _____

B. Installation Contractor Information

Self-Installed

Installation Contractor Name: _____ Company Name: _____

Contractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Installation Date: _____

C. Hardware and Installation Compliance and Inspection (MUST HAVE BUILDING PERMIT PRIOR TO INSTALLATION)

Please check all applicable statements.

_____ the modification has been installed in compliance with applicable requirements of Howard County codes.

Permit #: _____ Inspection Date: _____

D. Contractor Acknowledgement

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland and that all the contents of the foregoing certification are true to the best of my knowledge, information, and belief.

Signature (Contractor): _____ Date: _____

Name (Print): _____ Company: _____

E. Eligible Costs

Total Cost of Modification Feature _____

Amount Reimbursed by Insurance or other Entity _____ Entity Name _____

Remaining Costs of Modification Feature Incurred _____ (Please attach receipts)

F. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am the owner of the real property in Howard County identified in Paragraph A and have incurred the costs above within the 12 months preceding this application, and that the contents of the foregoing certification are true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

G. For DILP Office Use Only

- The modification feature installed meets with applicable eligibility standards.
- The modification feature has been installed in accordance with the Howard County Building Code.

DILP Signature: _____ Date: _____