



THE PRINCE GEORGE'S COUNTY GOVERNMENT OFFICE OF FINANCE

Treasury Division

Rushern L. Baker, III
County Executive

ACCESSIBILITY FEATURES TAX CREDIT CERTIFICATION FORM

A. Property Address

Address where feature was installed

Street Address: _____

City: _____ State: _____ Zip Code: _____

B. Modification Feature

Description of Feature Installed

C. Installation Contractor Information

Check Here If Self-Installed If self-installed, provide installation date and complete Sections D, E & F below

Company Name: _____

Contractor's MD License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Installation Date: _____ Installation Contractor's Name: _____

**D. Hardware and Installation Compliance and Inspection
(MUST OBTAIN BUILDING PERMIT PRIOR TO INSTALLATION)**

Please provide permit information below:

Permit #: _____ Inspection Date: _____

E. Eligible Costs

Total Cost of Modification Feature: \$ _____

Amount Reimbursed by Insurance or Other Entity: \$ _____

Insurance Company or Other 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 Prince George's County identified in Section A and have incurred the costs above within the 12 months preceding this application, that the costs submitted under this application have not been submitted under any other tax credit application, and that the contents of the foregoing certification are true to the best of my knowledge, information, and belief.

Signature: _____

Date: _____

Printed Name: _____

14741 Governor Oden Bowie Drive, Suite 1090, Upper Marlboro, Maryland 20772
(301) 952-4030 ■ 711 Maryland Relay Service