THE PRINCE GEORGE’S COUNTY GOVERNMENT
OFFICE OF FINANCE
Treasury Division
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