

**REQUEST FOR CERTIFICATION FOR ACCESSABLE HOME TAX CREDIT**

**SECTION 1:** Taxpayer and Property Identification

Name:			Last 4 digits of SSN:	XXX-XX-	
Mailing Address:					
*Physical Address:					
City:		State:		Zip:	
Daytime Phone:		Alternative Phone:			
Email Address:					

*\*Physical Address is the specific location of the residence where the accessibility modifications were made.*

**SECTION 2:** This Request for Certification must be accompanied by the following documentation:

- Detailed description of the modifications made
- Copy of itemized invoice(s) from the contractor who completed the work
- Copy of home construction contract, if applicable
- Copy of itemized invoice(s) of materials used to complete the work if completed by taxpayer
- Evidence of payment (must include documentation of amount of payment, payment date, and payee)
- Photographs of residence prior to modifications, if available
- Photographs of work completed

**SECTION 3:** Please check modifications made.

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Changes to flooring to mitigate tripping hazards                              | <input type="checkbox"/> | Moving control items such as light switches to within reach ranges |
| <input type="checkbox"/> | Adjustments to exterior site walking surfaces including any necessary grading | <input type="checkbox"/> | Creation of accessible parking space(s)                            |
| <input type="checkbox"/> | Widening of existing doorways for ease of access                              |                          |  |

Installation of:

- |                          |  |                          |                                     |                          |   |
|--------------------------|--|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Access ramps   | <input type="checkbox"/> | Accessible door hardware            | <input type="checkbox"/> | Storage shelving and closet rods to within reach ranges         |
| <input type="checkbox"/> | Lifts  | <input type="checkbox"/> | Grab bars at plumbing fixtures      | <input type="checkbox"/> | Accessible toilet, bathroom sink, or kitchen sink               |
| <input type="checkbox"/> | Roll-in showers  | <input type="checkbox"/> | Transfer seats in showers           | <input type="checkbox"/> | Tub seats   |
| <input type="checkbox"/> | Work counters in kitchen within lines of sight or reach ranges           | <input type="checkbox"/> | Front-controlled cooking appliances | <input type="checkbox"/> | Alarm devices or doorbells for the hearing or visually impaired |
| <input type="checkbox"/> | Bathroom mirrors/medicine cabinets within lines of sight or reach ranges |                          |                                     |                          |   |

	Other modifications reasonably necessary to make the residence accessible to an individual with a disability or physical hardship who resides or will reside in the residence. Describe below:

**SECTION 4: Taxpayer’s Certification and Representations**

I certify that the modifications listed above were performed at my legal residence for the intended purpose of improving the accessibility of my residence for an individual with a disability or physical hardship who resides or will reside in the residence. I have performed the above work and certify that all modifications were performed in accordance with local building codes.

The work is suitable for such individual and is generally consistent with American National Standards Institute (“ANSI”) ICC A117.1-2009 standards.

I understand that the work may be inspected by MaineHousing to verify compliance with legal requirements.

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Taxpayer Printed Name:** \_\_\_\_\_

**SECTION 5: For Work Completed by a Contractor – Contractor’s Certification and Representation**

I have performed the above work and certify that all modifications were performed in accordance with local building codes.

**Contractor Name:** \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signatory’s Title if Contractor is an Entity:** \_\_\_\_\_

MAINEHOUSING USE ONLY			
Date Request Received:		Date Request Reviewed:	
Reviewer:		Date Credit Approved:	
Date Certificate Sent:			
Inspection (Y/N):		Date of Inspection:	
Inspected by:		Date Inspection Filed:	