



# RURAL ZONE TAX CREDIT CERTIFICATION

Applicant should complete Part One of this form and then forward to the local Rural Zone (RZ) coordinator. The RZ coordinator will certify the information in Part Two and forward to DCA. DCA will confirm the Certification and provide copies back to the applicant and the local RZ coordinator.

The information provided below is intended to validate the location of a property/business in a currently designated Rural Zone, as well as to validate the creation of jobs. Please complete all detail requested.

**NOTE: At least two full-equivalent jobs must be created in order to qualify for ANY of the Rural Zone Tax Credits.**

### Part One: Type of Credit (check all that apply)

<input type="checkbox"/> <b>Investment</b> Property purchased within the RZ Purchase Price: \$ _____	<input type="checkbox"/> <b>Rehabilitation</b> Property revitalized within the RZ Rehab Costs: \$ _____	<input type="checkbox"/> <b>Job Creation</b> Created at least 2 full-time equivalent jobs within the RZ
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Name of Applicant: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

Parcel Number: \_\_\_\_\_

Name of Business \_\_\_\_\_

Creating Jobs: \_\_\_\_\_  
(if applicable)

NAICS Code for Business Creating Jobs: \_\_\_\_\_

# of FTE Jobs Created in the Taxable Year: \_\_\_\_\_

By signing below, I hereby certify that the location above is within the eligible boundaries of a designated Rural Zone as defined in O.C.G.A. 48-7-40.1(c)(4) and the business and/ or investor intends to claim a tax credit for this location on its Georgia Income Tax Return.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Officer \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Email Address \_\_\_\_\_

### Part Two: Local Rural Zone Jurisdiction

By signing below, I certify that I am an authorized representative of a valid Rural Zone jurisdiction and that the location detailed above is within the currently designated boundaries of the Rural Zone and, if indicated, the full-time equivalent jobs were created. If applicable, I also certify that the subject property's rehabilitation meets all local ordinances and licensing standards, as well as Rural Zone rehabilitation standards.

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Representative \_\_\_\_\_ Title \_\_\_\_\_

### Part Three: Department of Community Affairs Use Only

Georgia Department of Community Affairs  
 Job Tax Credit Program Coordinator  
 60 Executive Park South, N.E.  
 Atlanta, Georgia 30329  
[oed@dca.ga.gov](mailto:oed@dca.ga.gov)

Accepted: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*\*\* A COPY OF THIS COMPLETED CERTIFICATION FORM MUST BE ATTACHED TO THE TAX RETURN FILED WITH THE DEPARTMENT OF REVENUE WHEN CLAIMING THE TAX CREDIT\*\*\***

