

Notice of Agency Rule-making Proposal

AGENCY: 99-346 Maine State Housing Authority

CHAPTER NUMBER AND TITLE:

Chapter 33, AccessAble Home Tax Credit Rule – **REPEAL AND REPLACE**

PROPOSED RULE NUMBER (*leave blank; assigned by Secretary of State*):

CONTACT PERSON FOR THIS FILING: Linda Uhl, Chief Counsel, Maine State Housing Authority, State House Station #89, 353 Water Street, Augusta, Maine 04330-4633, (207) 626-4600 (telephone), (800) 452-4668 (voice in state only), Maine Relay 711, or luhl@mainehousing.org (e-mail)

Upon sufficient notice, this notice and the proposed rule will be made available in alternative formats for persons with disabilities and in alternative languages for persons with limited English proficiency.

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different): Same as Contact Person

PUBLIC HEARING (if any): To request a public hearing, please contact the contact person for this filing.

COMMENT DEADLINE: Friday, June 29, 2018 at 5:00 p.m.

BRIEF *SUMMARY:

The current Chapter 33, *Home Modification Tax Credit Rule* is being repealed and replaced with a new *AccessAble Home Tax Credit Rule*. The replacement rule: (1) changes the name to *AccessAble Home Tax Credit Rule*; (2) corrects the statutory reference in paragraph 1.d. and paragraph 5; and (3) provides that the credit will be taken in the year MaineHousing issues a certificate rather than in the year the modification expenses are incurred. A copy of the proposed replacement rule may be found at www.mainehousing.org.

IMPACT ON MUNICIPALITIES OR COUNTIES (if any) None

STATUTORY AUTHORITY FOR THIS RULE: 30-A M.R.S.A. §4741.1 and 36 M.R.S.A. §5219.PP

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different): Same as above

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: luhl@mainehousing.org

* Check one of the following two boxes.

The above summary is for use in both the newspaper and website notices.

The above summary is for the newspaper notice only. A more detailed summary / basis statement is attached.

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT _____ DATE: _____
(authorized signature)

| FUND | AGENCY | ORG | APP | JOB | OBJT | AMOUNT |
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