

**WEST VIRGINIA DIVISION OF CULTURE AND HISTORY  
HISTORIC RESIDENTIAL TAX CREDIT APPLICATION  
AMENDMENT FORM**

**Office Use Only**  
Project Number:

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

**Instructions:** Read the instructions carefully before completing the application. Type or print clearly in black ink. Use this sheet to continue sections of the Part 1 and Part 2 applications, or to amend an application previously submitted. Photocopy additional sheets as necessary.

This sheet:  continues Part 1    continues Part 2    amends Part 1    amends Part 2

**3. Project contact:**

Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. Owner:** I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Social Security or Taxpayer Identification Number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**SHPO Office Use Only**

The State Historic Preservation Office has reviewed the "Historic Residential Tax Credit Application - AMENDMENT" for the above-named property and has determined:

- The WV State Historic Preservation Office has determined that these project amendments meet the Secretary of the Interior's Standards for Rehabilitation.
- The WV State Historic Preservation Office has determined that these project amendments will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.
- The WV State Historic Preservation Office has determined that these project amendments do not meet the Secretary of the Interior's Standards for Rehabilitation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHPO Authorized Signature

\_\_\_\_\_  
SHPO Office/Telephone No.

See Attachments

RESTAX FORM 10/2004