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

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