Historic Residential Tax Credit Application
Part 1 – Evaluation of Significance

1. Name of Property:
   ____________________________________________________________

   Address of property: Street____________________________________
   City________________________County________State________ZIP_____

   Name of historic district: _______________________________________
   ☐ National Register District ☐ Individually Listed ☐ Potential Historic District ☐ Potential Individual Property

2. Check nature of request:
   ☐ Certification that the building contributes to the significance of the above-named historic district or individual National Register Property for the purpose of rehabilitation.
   ☐ Certification that the building does not contribute to the significance of the above-named district.
   ☐ Preliminary determination for individual listing in the National Register.
   ☐ Preliminary determination that a building located within a potential historic district contributes to the significance of the district.
   ☐ Preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

3. Project contact:
   Name___________________________________ Signature________________________ Date____________________

   Social Security or Taxpayer Identification Number_______________________________________________________
   Street________________________City________________________
   State________________________ZIP________________________Daytime Phone #________________________E-Mail_________

4. Owner:
   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 “Residential Tax Credit Application - Part 1” for the above-named property and hereby determines that the property:
☐ contributes to the significance of the above-named district (or National Register property) and is a “certified historic structure” for the purpose of rehabilitation.
☐ does not contribute to the significance of the above-name district.

Preliminary Determinations:
☐ appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer according to the procedures set forth in 36 CFR Part 60.
☐ does not appear to meet the National Register Criteria for Evaluation and will likely not be listed in the National Register.
☐ appears to contribute to the significance of a potential historic district, which will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer.
☐ appears to contribute to the significance of a registered historic district but is outside the period or area of significance as documented in the National Register nomination or district documentation on file with the SHPO.
☐ does not appear to qualify as a certified historic structure.

Date____________________ SHPO Authorized Signature____________________ SHPO Office/Telephone No.____________________
☐ See Attachments

RESTAX FORM 10/2004
5. Description of physical appearance:

Date of construction: _______________________
Source of date: ____________________________

Date of alteration(s): ______________________

Has the building been moved?  yes  no  If yes, when? ________________________________

6. Statement of significance:

7. Photographs and maps.

Attach photographs and maps to application

Continuation sheets attached?  yes  no