

Kansas Rehabilitation Tax Credit Application

Qualified Historic Structure Certification

Part 1

STC Project Number: _____

Please read the instructions carefully before completing this application. Applications must be complete and submitted to KSHS for approval before certification can be awarded. This form may be submitted along with the Part 2 application.

Type or print clearly. If additional space is needed, use continuation sheets or attach blank sheets. Be sure to include photos or documentation as requested in the application instructions.

Property Name: _____

Historic District: _____

Currently Contributes to District: Yes No Individually Listed

Date of Construction: _____ Associated Structures Located on Property: _____

Address of Property

Street: _____

City: _____ County: _____ Zip Code: _____

Owner Information

Legal Property Owner: _____

Type of Ownership Entity (check one):

Individual Corporation LLC/LP* Bank Insurance Non-Profit*
 Government School Dist. University Fiduciary Other: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

*All Pass-Through entities must fill out the Additional Owners form providing ownership information for each shareholder within the entity.

**Non-Profit organizations must attach a copy of their 501(c)3 certification letter with this Part 1 in order to be eligible for the 30% credit.

State Office Use Only:

The State Historic Preservation Office has reviewed the Part 1 Application for the above-named property and determines that the property:

- Contributes to the significance of the listed historic district and is a "qualified historic structure" for the purpose of rehabilitation.
- Does not contribute to the significance of the listed historic district.
- Is an individually listed property.

Date:		SHPO/Deputy SHPO Signature:	
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