

Kansas Rehabilitation Tax Credit Application

Qualified Historic Structure Certification

Part 3

STC Project Number: _____

Upon completion of the rehabilitation project, fill out and submit this form with photographs of the finished work, along with KDOR Schedules 1 and 2. All materials must be submitted to the Kansas State Historic Preservation Office. Type or print clearly. If there are additional property owners, please use the Additional Ownership form to submit that information. Please refer to the application instructions and photo policy for submission requirements.

Property Name: _____

Street: _____

City: _____ County: _____ Zip Code: _____

Completed Project Data:

Project Starting Date (mm/dd/yy): _____ Square footage before project: _____

Project Completion Date (mm/dd/yy): _____ Square footage after project: _____

Total Qualified Expenses: \$ _____ Total Non-qualifying expenses: \$ _____

Owner Information

Legal Property Owner(s): _____

Type of Ownership Entity (check one):

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

Owner's Tax ID Number: _____ SSN or FEIN (circle one)

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

Daytime Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

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

State Office Use Only:

The State Historic Preservation Office has reviewed the Part 2 Application for the above-named property and determines that the rehabilitation:

- The completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation"
 The rehabilitation described does not meet the Secretary of the Interior's Standards for Rehabilitation.

Date:	#	SHPO/Deputy SHPO Signature:	
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