

IOWA Department of REVENUE

Historic Preservation Tax Credits Survey
 Complete a Separate Form for Each Project
Return to Department of Revenue (See instructions.)

Part 1: Property Information

A: Owner Information

Property Name: _____
 STC Project Number: _____
 Project Address:
 Street Address: _____ City _____ Zip _____
 Building Owner: _____
 Contact Person: _____ Company: _____
 Phone Number: _____ E-Mail Address: _____
 Mailing Address:
 Street Address: _____ City _____ State ____ Zip _____

B: Building Information

1. Year Building Constructed: _____ 2. Year Building Purchased: _____
 3. Building Use Prior to Rehabilitation Project: _____

C: Project Information

1. Project Start Date: _____ 2. Project Completion Date: _____
 3. Number of Stories Above Grade: _____
 4. Total Building Square Footage Above Grade: _____
 5. Building Use After Rehabilitation Project _____
 6. Building Usage (or Measures) Before and After Rehabilitation:

	Before	After
Total Residential Space (units)	_____	_____
Low-Income Residential Space (units)	_____	_____
Retail Space (square feet)	_____	_____
Restaurant/ Bar Space (square feet)	_____	_____
Office Space (square feet)	_____	_____
Warehouse Space (square feet)	_____	_____
Manufacturing Space (square feet)	_____	_____
Educational\ Museum\ Library Space (square feet)	_____	_____
Hotel or Other Lodging (guest rooms)	_____	_____
Parking Spaces (number)	_____	_____
Other _____	_____	_____

D: Property Valuation and Taxation

1. Is this building eligible for the State Historic Property Tax Exemption? Yes No
 2. Have property taxes been abated for this building? Yes No

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3. If property taxes have been abated, please describe the nature of the abatement:

4. Assessed Value of Property in Year Prior to Project Start 4. \$ _____
5. Assessed or Appraised Value After Project Completion 5. \$ _____

Part 2: Project Finance (complete once per project)

A: Project Costs

1. Total Qualified Rehabilitation Cost 1. \$ _____
2. Other Non-Qualified Project Costs 2. \$ _____
- a. Total Project Cost (Line 1 + Line 2) a. \$ _____

B: Project Financing

1. Private External Financing (debt or equity)
- a. Debt 1a. \$ _____
- b. Equity 1b. \$ _____
2. Internal Financing 2. \$ _____
3. State Historic Preservation Tax Credit 3. \$ _____
4. Federal Historic Preservation Investment Tax Credit 4. \$ _____
5. Federal Low Income Housing Tax Credit 5. \$ _____
6. Iowa Enterprise Zone Program Tax Credits 6. \$ _____
7. Local Forgivable Loans 7. \$ _____
8. City Grants 8. \$ _____
9. Low Interest Loans 9. \$ _____
10. Other (specify) _____ 10. \$ _____
11. Other (specify) _____ 11. \$ _____
- a. Total Financing (Add Section B, Lines 1 through 11) a. \$ _____
- Should equal Section A, Line 2a.

C: Rehabilitation Project Resources and Costs

1. Labor Costs: _____ 1a. Number of Workers: _____
2. Materials Costs: _____ Description of "Other" Costs: _____
3. Other Costs: _____
4. Total Costs: _____
- (Add Section C, Lines 1 through 3)
- Should equal Section A, Line 2a.

D: Distribution of Expenditures (percentages)

	Location County	Other Iowa	Outside Iowa
1. Labor	_____	_____	_____
2. Materials	_____	_____	_____
3. Other	_____	_____	_____

For Department of Revenue Use:
Acceptance Date _____