

Minnesota Historic Structure Rehabilitation Tax Credit Application

Part A – Description of Rehabilitation

For SHPO Use Only

Part A Certification processing fee: ___/___/___ \$ _____
Allocation Certificate Approval: ___/___/___ _____

NPS Project Number: _____
Estimated State Credit: \$ _____
Estimated State Grant: \$ _____

HISTORIC PROPERTY

Name: _____
Address: _____
County: _____
Historic District: _____

DEVELOPER (Applicant on federal Part 2 application)

Name: _____
Address: _____
Telephone: _____
E-mail: _____

OWNER

Name: _____
Address: _____
Telephone: _____
E-mail: _____

PROJECT CONTACT

Name: _____
Address: _____
Telephone: _____
E-mail: _____

ATTACHMENTS

- Qualified Rehabilitation Expenditures (QRE) Schedule Application Fee (see instructions for amounts)

APPLICATION INFORMATION (CHECK ONE)

- This application is for a tax credit This application is for a grant in lieu of credit (GILOC)
 This application is for a combination of a tax credit and a GILOC _____% credit _____% GILOC

GENERAL PROJECT INFORMATION

Is the building subject to review by a local HPC? Yes No
Will this project receive Federal funding or approval? Yes No
If so, please provide brief description: _____
Will this project receive State funding or approval? Yes No
If so, please provide brief description: _____
Will this project receive grant funding from the Minnesota Historical Society? Yes No
If so, please provide brief description: _____

PROPERTY & REHABILITATION PROJECT INFORMATION

Estimated construction start date: _____
Estimated date project will be placed in service: _____
Estimated costs attributed solely to rehabilitation of the historic structure (qualified rehabilitation expenses): _____
Estimated costs attributed to other work associated with the rehabilitation: _____
Estimated Total project costs: _____
Estimated Federal credit allowed: _____
Estimated cost of materials: _____
Estimated cost of labor: _____
Estimated number of jobs created during rehabilitation: _____
Assessed property value in tax year before rehabilitation: _____
Pre-rehabilitation Adjusted Basis: _____

DEVELOPER (Authorized Signature)

I hereby attest that the information and estimates provided in this application are, to the best of my knowledge, true and correct. I give permission to the designated Project Contact to be the primary recipient of information regarding the project.

Name: _____ Title: _____

Signature: _____ Date: _____