



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House • 150 Benefit Street • Providence, R.I. 02903-1209

TEL (401) 222-2678 FAX (401) 222-2968  
TTY (401) 222-3700 Website [www.rihphc.state.ri.us](http://www.rihphc.state.ri.us)

**HISTORIC PRESERVATION TAX CREDIT**  
**PART 1 Application: Request for Historical Certification**

(Complete this form in *addition* to the Federal PART 1 form)

[Application Number (Office use only) \_\_\_\_\_]

Name of property \_\_\_\_\_

Street address of property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of Project Contact Person \_\_\_\_\_

Mailing Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant Name \_\_\_\_\_

Organization \_\_\_\_\_

Social Security Number or Taxpayer Identification Number \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

\_\_\_\_\_  
Signature of Applicant Date

