

This page must bear the applicant's original signature and must be dated. The KY Heritage Council certification decision is based on the descriptions in this application form. In the event of any discrepancy between the application form and other supplementary material submitted with it (such as architectural plans, drawings and specifications), the application takes precedence. A copy of this form may be provided to the KY Department of Revenue. Submit this completed application, along with a completed Part 1 Application and fees, no later than **April 29** for credits under KRS 171.397 of the calendar year in which you want to receive a tax credit allocation.

1. **Property Name** (if unknown, leave blank): _____
 Street: _____
 City: _____ County: _____ State: **KY** Zip: _____

2. **Category** (Check only one)
- Owner Occupied residential property** (primary residence; eligible for 30% KY Tax Credit)
- Commercial Property** (income producing; eligible for 20% KY Tax Credit)
- Other** (secondary residence, non-profit, local government; eligible for 20% KY Tax Credit)

*Note: There is a yearly program cap that limits the total credit amount approved for all taxpayers to \$5 million. Additionally, there are individual project caps for projects applying for the 20% credit that exceed \$2 million or projects applying for the 30% credit that exceed \$200,000. If the yearly program cap is exceeded by approved projects, an apportionment formula will be applied to determine the credit amount awarded per project and will result in a reduction. Each taxpayer will be notified of the amount of the preliminary maximum credit on **June 29** after the allocation pool is closed.*

3. **Project data:** Date of building: _____ Number of buildings in project: _____
 Estimated material costs (QRE*): _____ Floor area before / after rehabilitation: _____ / _____ sq ft
 Estimated labor costs (QRE*): _____ Use(s) before / after rehabilitation: _____ / _____
 Estimated TOTAL QRE* (material + labor): _____ Number of housing units before / after rehab: _____ / _____
 *Qualified Rehabilitation Expenditures Adjusted basis of structure (commercial only): _____
 Estimated start date: _____ Estimated completion date: _____

4. **Project contact** (if different from applicant): Name: _____ Organization: _____
 Street: _____ City: _____ State: _____
 Zip: _____ Telephone Number: _____ E-Mail Address: _____

5. **Applicant:** I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that (check one box) (1) I am the owner or authorized representative of the owner of the above-described property within the meaning of "owner" set forth in 300 KAR 6:010, Section 1 (16), or (2) I am not the owner of the above-described property, the owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which is attached to this application form and incorporated herein.

Name: _____ Signature: _____ Date: _____
 Organization: _____ Social Security or Taxpayer Identification Number: _____
 Street: _____ City: _____ State: _____
 Zip: _____ Telephone Number: _____ E-Mail Address: _____

The Kentucky Heritage Council has reviewed this application for the above named property and has determined:

	The rehabilitation as described meets the Standards for Rehabilitation . This approval is a preliminary determination. A formal certification of rehabilitation will be issued after the work is completed.
	The rehabilitation as proposed will meet the Standards for Rehabilitation only if the attached conditions are met.
	The rehabilitation as proposed does not meet Standards for Rehabilitation .

	Total Amount of Eligible Estimated Expenses Reported for this Project
	Total Amount of Eligible Estimated Expenses Reported for all Kentucky Projects in this year
Total Pre-Approved Maximum Credit Amount for this Project (to be claimed upon project completion)	
	This application is for the Extended Credit under KRS 171.3961 (no preliminary allocation)

 KY Heritage Council / State Historic Preservation Office Authorized Signature

 Date

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Property Name: _____

Property Address: _____

- 6. Detailed description of rehabilitation work.** Use this page to describe all work or create a comparable format with this information. Number items consecutively to describe all work including building exterior and interior, additions, site work, landscaping and new construction. Photographs with this application must show conditions **BEFORE** start of rehabilitation and must be keyed to a floor plan.

Number 1. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 2. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 3. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 4. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 5. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 6. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 7. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 8. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 9. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 10. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 11. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 12. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 13. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 14. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 15. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 16. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 17. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 18. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 19. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 20. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 21. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 22. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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Number 23. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

Number 24. Feature: _____ Date of feature: _____
 Describe existing feature and its condition

Photo no. _____ *Drawing no.* _____

Describe work and impact on feature

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NOTE: If the federal tax credit is also being applied for, only the first page of this form and first page of the state part 1 is required to be completed and submitted with copies of the federal part 1 and 2 application. Two sets of all attachments must be submitted (including photos, photo key plan, and any other additional information). It is highly recommended that the applicant make an additional copy of the forms, attachments, photo key plans and numbered photos for their own records.

Checklist – please check each item to insure that a completed application is submitted.

1. Form

- Completed *Part 2 – Description of Rehabilitation* form.
- Form has the applicant’s original signature and must be dated.
- On line 2, the applicant may only check a single category. If a project fits into more than one category, please choose a single option. You may contact the staff of the Kentucky Heritage Council prior to submitting an application to discuss these categories.
- On line 5, the applicant must check either box (1) or (2).

2. Attachments (photographs, photo key plans, additional information)

- If proposed work will add or remove walls, or add or remove ductwork and/or chases, a proposed plan of each floor of the building must be submitted as it will appear **after** rehabilitation. This plan is not required to be drawn by an architect and can be done on graph paper. Please note any changes or demolition. These plans should not exceed 11”x17” in size.
- If proposed work will modify the site, a proposed plan of the site of the building must be submitted as it will appear **after** rehabilitation. This plan is not required to be drawn by an architect and can be done on graph paper. Please note any changes or demolition. These plans should not exceed 11”x17” in size.
- If work is proposed and not well documented by the photos submitted in the Part 1 application, additional photos will need to be submitted along with a revised photo key plan(s). These photos should continue the sequential numbering of the part 1 photos previously submitted. For example, any window(s) that are proposed to be replaced must each individually be photo documented. Windows that are covered up will need to be uncovered prior to being photographed (remove/open drapes, blinds or plywood coverings). Please refer to the part 1 checklist for additional photo requirements.
- Photos are on 4x6 glossy photo paper. Prints from a home printer are **not** acceptable.
- Photos are in a loose stack. They may be placed inside an envelope or have a rubber band around them. Do not submit photos inside photo albums or taped to larger sheets of paper.

3. Fee

Refer to instructions and guidelines in order to determine the amount of the part 2 review fee.

- Check should be made out to “Kentucky State Treasurer”.