# SHPO HISTORIC TAX CREDIT - AMENDMENT SHEET

Application questions for the Amendment Sheet of the State Historic Tax Credit are listed below. Upon submittal, applicants will receive a subsequent email requesting the following information:

- Full description of requested changes
- Photos of all areas where requested changes will take place, both current and historic (where available), exterior and interior (before photos)
- Map key for photos
- Plans, Specifications and Drawings
- Product Information for all special products to be used in requested change
- Any other pertinent information that should be considered in determining requested change's ability to meet the Secretary of the Interior's Standards for Rehabilitation

An application is not considered complete until all information, documents and payments are submitted.

# **Application Questions:**

## RESOURCE INFORMATION

- Project Number
- Historic Property Name if Known (as applicable)
- Street Address (address of where property is located, NOT mailing address)
- City, Village or Township
- County
- Zip Code

#### APPLICANT INFORMATION

- Applicant First Name
- Applicant Last Name
- For Co-Owner or for Married Owners: First Name (as applicable)
- For Co-Owners or Married Owners: Last Name (as applicable)
- Organization Name
- Mailing Address
- City
- State
- Zip Code
- Phone Number
- Email Address
- Social Security Number(s) or Tax Payer ID number(s)
- For additional Owner: Social Security Number(s) or Tax Payer ID number(s) as applicable

## PROJECT CONTACT (IF DIFFERENT THAN APPLICANT)

- Project Contact First Name
- Project Contact Last Name
- Project Contact Organization Name
- Street Address
- City
- State
- Zip Code
- Phone number
- Email

## **PROPOSED CHANGES**

Description of Proposed Changes

## **APPLICATION CERTIFICATION**

You must be able to answer "yes" to the question below to submit your application.

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that I am a Qualified taxpayer as set forth in subsection 266(a)(16)(j) or subsection 676(16)(j) of PA 343 of 2020

Yes

As your signature, please type your full name.

For additional owner: As your signature, please type your full name. (As applicable)