

SHPO STATE TAX CREDIT APPLICATION – Part 1 and Part 2

Application questions for Part 1 and Part 2 of the State Historic Tax Credit are listed below. Upon submittal, applicants will receive a subsequent email requesting the following information:

- Map showing location of property
- Photos – (historic and current of both exterior and interior)
- Map key for photos
- National Register of Historic Places Preliminary Questionnaire, if property is not currently listed under any of the eligible listings
- Any other pertinent information that should be considered in determining the property's significance
- Description of work to be completed
- Description of previous work completed for which tax credits are being requested
- Photos of all areas where work will take place, both current and historic (where available), exterior and interior (before photos)
- Photos of Previous Work completed for which tax credits are being requested, including before (required), after (required) and historic (where available)
- Map key for photos
- Plans, Specifications and Drawings
- Product Information for all special products to be used in project
- Any other pertinent information that should be considered in determining project's ability to meet the Secretary of the Interior's Standards for Rehabilitation
- Application fees

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

Application Questions:

RESOURCE INFORMATION

- Historic Property Name If Known (as applicable)
- Street Address
- City, Village or Township (address of where property is located, NOT mailing address)
- County
- Zip Code
- Description of Property's Physical Appearance
- Date of Construction
- Sources
- Date(s) of Additions and/or Alterations
- Original and Subsequent Uses of the Property
- Statement of Historic Significance

NATURE OF REQUEST

Certification that the Resource (check only one)

- Is listed individually or contributes to a historic district listed in the National Register of Historic Places.
- Is listed individually or contributes to a historic district listed in the State Register of Historic Sites.
- Contributes to a 1970 PA 169, MCL 399.201 to 399.215 local historic district.

- Name of Historic District or Listed Property
- Name of Local Unit of Government

APPLICANT INFORMATION

- Applicant First Name
- Applicant Last Name
- For Co-Owner or for Married Owners: First Name (as applicable)
- For Co-Owners or for 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 FROM APPLICANT)

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

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).

DECLARATION OF LOCATION FORM

All applicants attempting to qualify for the State Tax Credit based on a property's contribution to a locally designated historic district must submit a completed Declaration of Location form. Because the creation and monitoring of locally designated districts is the sole right and responsibility of the local unit, the SHPO may not have the most up-to-date local designation information. This form allows the owner/applicant and the local unit the opportunity to verify the limits of the district and promotes contact between the resource owner considering undertaking work and the agent of the local unit charged with monitoring aspects of that work.

File upload: Declaration of Location

PART 2 - REHABILITATION PLAN: DATA ON REHABILITATION PROJECT

- Proposed Use After Rehabilitation
- Estimated Project Start Date
- Estimated Project Completion Date
- Estimated Qualified Expenses \$

Which credits are this project seeking? (Select only 1)

- Owner Occupied Residential Credit
- Small Commercial Credit (< \$2,000,000)
- Large Commercial Credit (>= \$2,000,000)

VERIFICATION OF STATE EQUALIZED VALUE (SEV)

If you selected "Small Commercial Credit" or "Large Commercial Credit" above, the SEV form is required and must be completed and uploaded to this application. You can download the SEV form [here](#). If you selected "Owner Occupied Residential Credit," the SEV form is NOT required. If an SEV does not exist, select that option below.

- File upload: SEV Form (commercial properties only)

Select the button below if an SEV does not exist for this property. You will be required to submit a property appraisal by a Michigan Certified General Appraiser completed less than two years prior to this application and with the building in generally same condition as it currently exists. (Instructions on uploading an appraisal will be emailed upon receipt of your application.)

- An SEV does not exist for this property

Does this Project have an Approved Part 1 State Application? Please note: Part 2 will not be reviewed until a Part 1 Application is Approved.

- Yes
- No
- Submitted with this application
- If Yes, Please Provide Date of Approval

WORK COMPLETED OVER PAST YEAR FOR WHICH CREDITS ARE REQUESTED

- Prior Work Completed: Start Date
- Prior Work Completed: End Date

I/we certify that all previous work claimed in this application was completed no more than one year prior to this submission date.

- Yes

Please note: A description of work completed, before and after photos, plans and specs of this work are required for review. More information on this will be provided via email after you submit your application.

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- Yes

As your signature, please type your full name.

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