Connecticut

HISTORIC REHABILITATION TAX CREDIT APPLICATION
AMENDMENT FORM

> **Instructions**: This page must bear the applicant's original signature and must be dated. The CT SHPO's determination 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 form takes precedence.

1. **Property Name** _____ **SHPO Project Number** _____

   Street _____

   City _____ State _____ Zip _____

2. **Project Data**: This form ☐ updates applicant or contact information

   ☐ Amends a previously submitted ☐ Part 1   ☐ Part 2   ☐ Part 3   ☐ Part 4 application

   Summarize information here. Continue on following page if necessary.

   ☐ See Attachments

3. **Project Contact (if different from applicant)**

   Name _____ Company _____

   Street _____ City _____ State _____

   Zip _____ Telephone _____ Email Address _____

4. **Applicant**

   I HEREBY ATTEST THAT I AM THE OWNER OR AUTHORIZED AGENT OF THE OWNER OF THE BUILDING DESCRIBED ABOVE AND THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, CORRECT. I UNDERSTAND THAT FALSIFICATION OF FACTUAL REPRESENTATIONS IN THE APPLICATION MAY BE SUBJECT TO LEGAL SANCTIONS.

   Name _____ Signature (in ink)_____ Date _____

   Applicant Entity _____ SSN/TIN _____

   Street _____ City _____ State _____

   Zip _____ Telephone _____ Email Address _____

HISTORIC REHABILITATION TAX CREDIT APPLICATION
AMENDMENT FORM

Property Name _____   SHPO Project # _____

Property Address _____

CONTINUATION SHEET