**Instructions:**

* Please answer the questions below.
* Hand-written applications will not be accepted.
* Applications should be completed using Microsoft Word only.
* Please paste the required photographs into this document.
* Applications will only be accepted by email. Please send the application as an attachment to Erin Fink at Erin.Fink@ct.gov.
* Screen-shots and PDFs as attachments will not be accepted.
* A confirmation receipt will be sent by email within 48 hours.
* Please allow 30 days for review.
* Additional program information can be found here: <https://portal.ct.gov/DECD/Content/Historic-Preservation/02_Review_Funding_Opportunities/Tax-Credits/Historic-Homes-Rehabilitation-Tax-Credit>

**Required Information:**

Homeowner’s Full Name:

Address of Historic Property (Number, Street Address, City/Town):

Homeowner’s Email Address:

Homeowner’s Phone Number:

Is the homeowner at State of CT Tax Payer?

Will at least 1 unit serve as the homeowner’s primary residence?

Who is completing this application (homeowner, consultant, non-profit housing corporation):

 Consultant’s Full Name and Company Name:

 Consultant’s Email Address:

Housing Corporation Name:

Housing Corporation FEIN:

Is the property listed individually on the State or National Register of Historic Places? Yes/No/Name of Property Listed:

Is the property listed as a contributing resource in a State or National Register of Historic Places district? Yes/No/Name of District:

* Applicants living in Connecticut’s four coastal counties can look for their property listing here: <https://portal.ct.gov/-/media/DECD/Historic-Preservation/How-to-list-a-property-on-the-National-Register-in-Connecticut.pdf>
* Applicants can search National Register of Historic Places listings here: <https://www.nps.gov/subjects/nationalregister/database-research.htm>

What is the current number of residential units? (Must be between 1-4 units, mixed-use buildings are ineligible to apply for this program):

What is the anticipated number of residential units after the completion of the project? (Must be between 1-4 units, mixed-use buildings are ineligible to apply for this program):

Required Photographs

Front of building

Paste here:

Back of building

Paste here:

Side of building

Paste here:

Side 2 of building

Paste here:

Street view with building in streetscape context

Paste here:

Significant interior feature

Paste here:

Significant interior feature 2

Paste here:

Outbuildings (if applicable)

Paste here:

Owner Certification: I hereby attest that I am the owner of the building or a non-profit housing corporation 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.

I understand that the CT State Historic Preservation Office has 30 days to review this application.

I understand that no work can be completed before this application and a Part 2 application have been approved by the State Historic Preservation Office.

Signature of Owner:

--write name here--

Date:

**STAFF USE ONLY:**

**Date submitted:**

**Date of approval:**

**Project #:**

**Comments/notes:**

**Signature:**