

**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 _____

CT SHPO OFFICIAL USE ONLY

The CT State Historic Preservation Office has reviewed the Part 2 application, "Request for Approval of Proposed Rehabilitation Plan," for the above-listed building and has determined that:

- The proposed rehabilitation plan described herein meets the *Standards*.
- The proposed rehabilitation plan described herein meets the *Standards provided* the attached conditions are met prior to filing an application for a preliminary certification and reservation of tax credits.
- The proposed rehabilitation plan described herein does not meet the *Standards*. Comments attached.
- Updates information on file and does not affect the certification.

 Authorized Signature

 Date

CT SHPO COMMENTS ATTACHED

Mail original application to:

SHPO/DECD
 Historic Rehabilitation Tax Credit Program
 450 Columbus Blvd, Suite 5
 Hartford, CT 06103



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Property Name _____ SHPO Project # _____

Property Address _____

CONTINUATION SHEET

Mail original application to:
SHPO/DECD
Historic Rehabilitation Tax Credit Program
450 Columbus Blvd, Suite 5
Hartford, CT 06103