



WISCONSIN  
HISTORICAL  
SOCIETY

SHPO Use Only

Project No. \_\_\_\_\_

## Homeowner's Historic Rehabilitation Tax Credit Application

### Request For Five-Year Project Phasing

**Per state law, if you will need more than two years to complete the eligible work, you must apply for phasing with the Part 2 application.**

**1. Property Address** Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Work to be performed in Year 1

Calendar Year \_\_\_\_\_

Work to be performed in Year 2

Calendar Year \_\_\_\_\_

Work to be performed in Year 3

Calendar Year \_\_\_\_\_

Work to be performed in Year 4

Calendar Year \_\_\_\_\_

Work to be performed in Year 5

Calendar Year \_\_\_\_\_

### Owner's Certification

I hereby apply for five-year phasing for the above-stated project.

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

State Historic Preservation Office Use Only

I hereby approve the phasing plan for this project

WHS Project No. \_\_\_\_\_

\_\_\_\_\_  
For the State Historic Preservation Officer

\_\_\_\_\_  
Date