



**Homeowner's Historic Rehabilitation Tax Credit Application
Part 2 – Amendment to Existing Application**

1.) Property Address Street _____
City _____ County _____ Zip _____
WHS Project No. of existing application to amend _____

2.) Owner's Name _____
Street _____
City _____ County _____ Zip _____
Email address _____

3.) Describe the Work and Attach Contractors' Estimates

Work Item	Updated Total Cost	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos enclosed	Contractors' estimates enclosed

*Only \$40,000 can be claimed per application for all eligible work.

Describe proposed changes to previously approved work item, location, existing condition, construction/repair methods, list material to be used for repair, additional costs below. Attach additional sheets if necessary.

4.) Owner's Certification

Signature of Owner _____ **Date** _____

I hereby apply for certification of rehabilitation work for the above-named property for purposes of the Wisconsin Historic Rehabilitation Credit program. I hereby attest that the information given is true to the best of my knowledge. I also attest that I own the property described above and that it is my personal residence.

STATE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application for the above-named property and has determined that:

___ the property is a historic property and the rehabilitation work as described meets the Secretary of the Interior's Standards for Rehabilitation. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been submitted and approved.

___ the property is a historic property and the rehabilitation will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been submitted and approved.

NON-CERTIFICATION

___ THE OWNER MAY NOT CLAIM THE TAX CREDIT. The proposed change to the application is not consistent with the historic character of the property and the project does not meet the Secretary of the Interior's Standards for Rehabilitation for reasons given in the attached materials.

For the State Historic Preservation Officer _____

Date _____