



Homeowner's Historic Rehabilitation Tax Credit Application Part 3 – Request for Certification of Completed Work

Projects are reviewed as a whole, regardless of the number of open applications assigned to the project. Submit all Part 3 forms and required photographs together when you have completed all work approved in your Part 2 application(s).

1.) **Property Address** Street _____
City _____ County _____ Zip _____

2.) **Owner's Name** _____
Street _____
City _____ County _____ Zip _____
Telephone _____ Last 4 of Social Security Number _____
Project No. _____

3.) **Final Rehabilitation Information** Complete the chart reflective of eligible tax credit work approved in the Part 2 and amendments. Retain invoices as the Department of Revenue may request them.

Work Item	Final Cost	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos enclosed
Total Final Cost:		*Only \$40,000 can be claimed per application.		

4.) **Photographs** You must include photographs of all sides of the exterior of the rehabilitated buildings and the completed work items. Photos must be 4" x 6" color photo prints.

I have enclosed the required photographs of all four sides of the exterior of the buildings and the completed work items.

5.) **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 Tax 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. By applying to this program, I consent to this application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed the "Request for Certification of Completed Work" for the above-named property and hereby determines that:

___ the completed rehabilitation meets the "Secretary of the Interior's Standards for Rehabilitation."

___ the rehabilitation does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.

___ the rehabilitation does not meet the Secretary of the Interior's Standards for Rehabilitation. Remedial work with deadline to correct has been provided.

___ this project was approved for a five-year phasing plan.

For the State Historic Preservation Officer

Date