



**Homeowner's Historic Rehabilitation Tax Credit Application**  
**Part 1 -- Evaluation of Significance**

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

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

Listed in the State or National Register in an Historic District or Individually National/State Register Listing Name: \_\_\_\_\_

Not listed in the State or National Register, I have enclosed a National Register Questionnaire with this application. <http://wihist.org/NRQ>

**2. Owner's Name** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_

The building is owner-occupied

The building is a rental/income-producing property

**3. Photographs** You must enclose current photographs of all buildings, clearly showing all exterior sides of the buildings. See instructions on photo submittal and format requirements.

I have enclosed the required photographs of all four sides of the exterior of the building

**4. Owner's Certification**

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

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that the property is my owner-occupied 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 this application and has determined that:

\_\_\_ the property is listed in the State Register of Historic Places or National Register of Historic Places and is a historic property for purposes of the Homeowner's Historic Rehabilitation Tax Credit.

\_\_\_ the property contributes to the above-named State Register or National Register historic district and is a historic property for the purposes of the Homeowner's Historic Rehabilitation Tax Credit.

\_\_\_ the property appears to meet the State Register of National Register Criteria for Evaluation and, therefore is determined to be historic property for the purposes of the Homeowner's Historic Rehabilitation Tax Credit.

\_\_\_ NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing resource to a State Register or National Register historic district, and does not appear to meet the State or National Register Criteria for Evaluation; therefore the property is not a historic property for purposes of the Homeowner's Historic Rehabilitation Tax Credit.

For the State Historic Preservation Officer

Date



WISCONSIN  
HISTORICAL  
SOCIETY

Homeowner's Historic Rehabilitation Tax Credit Application

**Part 2 – Description of Proposed Work**

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

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

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

**2. Owner's Name** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_

**3. Owner's Certification**

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

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project. 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 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 approved.

the property is a historic property and the rehabilitation will meet the "Secretary of the Interior's Standards 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.

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

\_\_\_\_\_  
Date

**NON-CERTIFICATION**

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

THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for the purposes of this program.

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

\_\_\_\_\_  
Date



## Homeowner's Historic Rehabilitation Tax Credit Application

### Part 2 – Description of Proposed Work

#### 4a. Eligible Tax Credit Work

1. Check the boxes below for the eligible work you plan to complete.
2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
3. Complete the estimated cost based on bids and materials cost estimates.
4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
5. Provide photos showing the areas of the proposed work.

**Each application must have a total of eligible work costs between \$10,000 and \$40,000.**

Eligible Work					Estimated Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Chimney	Repair	Replace	Chimney Cap	Flue Liner				
Doors	Repair	Replace	Front/Rear	Storm				
Rough Electrical	Repair	Update	Panel/Wiring	Wall Repair				
Foundation	Repair	Rebuild	Waterproofing	Interior Drain Tile/ Sump Pump				
Garage*	Roof	Siding	Doors	Foundation				
HVAC	Boiler	Furnace	AC/Mini Split	Ducts				
Masonry	Repoint	Clean						
Painting	House	Trim	Garage	Outbuilding				
Rough Plumbing	Repair	Update	Wall Repair	Water heater				
Porch*	Repair	Replace	Steps					
Roof	Repair	Replace	Gutters	Downspouts				
	Soffits	Facia						
Siding	Repair	Replace	Remove artificial					
Structural	Columns	Beams	Joists	Trusses				
Other Utilities	Solar Panels	Geo-Thermal	Well/Septic					
Windows	Repair	Replace	Storm Windows	Skylights				
Other								
				Total Estimated Cost				



## Homeowner's Historic Rehabilitation Tax Credit Application

### Part 2 – Description of Proposed Work

**SHPO must review ALL work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.**

#### 4b. Ineligible Tax Credit Work

1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
2. If you have an ineligible work item not on the list, please add it.
3. Complete the estimated cost reflective of bids and materials costs.
4. Enclose photos showing the proposed work.

Ineligible Work				Estimated Costs	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Addition	New	Electrical	Plumbing				
Deck	Addition	Rebuilding	Repair				
Driveway	Repair	New					
Electrical	New Service						
Fireplace	Insert	Conversion & gas plumbing					
Fixtures	Lighting	Plumbing					
Floors	Repair	Refinish	New				
Insulation	Wall	Attic					
Interior	Refinish	Plaster Repair	Painting				
Landscaping	Patio	Fencing					
Plumbing	New Service						
Remodeling	Kitchen	Bath	Attic				
	Basement						
Walls	Opening	Removal	Adding				
Other							
Other							
				Total Est Cost			

**By checking this box, I attest that I have disclosed all ineligible work.**



## Homeowner's Historic Rehabilitation Tax Credit Application

### Part 2 – Description of Proposed Work

Per state law, you must receive written approval by SHPO before work begins to receive the tax credits.

#### 5. Describe the Work and Attach Contractors' Estimates

You must describe/summarize your work items. Do not only write "see attached."

1. Provide the following information for each work item that you will complete within 24 months.
2. Submit a copy of all contractors' estimates with the application.
3. See the chart for additional information required by specific work items.

#### 6. Describe work item, existing condition, and location.

List materials to be used for repair and attach manufacturers' spec sheets

Describe construction/repair work outlined in your contractors' estimates/bids

Provide photo(s) of work item.

Attach contractors' estimate(s).

#### 2) Describe work item, existing condition, and location.

List materials to be used for repair and attach manufacturers' spec sheets

Describe construction/repair methods

Provide photo(s) of work item.

Attach contractors' estimate(s).



**Homeowner's Historic Rehabilitation Tax Credit Application**

**Part 2 – Description of Proposed Work**

3) Describe work item, existing condition, and location.

List materials to be used for repair and attach manufacturers' spec sheets

Describe construction/repair methods

Provide photo(s) of work item.

Attach contractors' estimate(s).

4) Describe work item, existing condition, and location.

List materials to be used for repair and attach manufacturers' spec sheets

Describe construction/repair methods

Provide photo(s) of work item.

Attach contractors' estimate(s).



## Homeowner's Historic Rehabilitation Tax Credit Application Part 2 – Description of Proposed Work

### 6. Additional Required Project Information

- 1. Provide the following required information for each work item. Applications submitted without required information will be placed on hold, prolonging review time.**
2. Submit a copy of all contractors' estimates with the application.
3. Check each box to indicate that you have provided the required information for each work item.
4. All work must be reviewed by SHPO. Not all items listed below are eligible rehabilitation expenses.

- Deck: Drawings showing location, design, materials, and finish.
- Doors (exterior): Manufacturer literature showing design, materials and finish.
- Electrical: Equipment and location to be installed. Include areas that will receive new services such as expanded outlets and lighting. If finished walls, ceilings and flooring will be impacted, include before and after pictures showing that the repaired areas match the before finishes.
- Fencing: Manufacturer literature showing location, design, materials, and finish.
- Garage Doors: Manufacturer literature showing style, color, and finish, description of matching to original.
- Insulation: Describe insulation type, installation method, and location.
- Masonry Pointing: Photos of areas requiring repair and pointing, describe cleaning methods, type of mortar, description of matching to original mortar and brick.
- Mini-Split System: Show locations of vertical piping and wall units inside and outside.
- New Construction: Drawings which include plans and elevation sheets, showing location, design, materials, and finish. Historic spaces and materials affected by the addition must also be identified.
- Porch: Photo of original and drawings showing location, design, materials and finish.
- Remodeling: Drawings showing existing and proposed interior design, including reconfiguration of plan, removing and adding walls, new doorways, and removal of features.
- Roof: Specific shingle manufacturer, shingle name, and color.
- Storm Windows: Manufacturer literature showing design, materials, and finish.
- Structural: Written description of the proposed work and location.
- Windows: Detailed photos of existing window deterioration (interior and exterior), repair methods of existing windows, and new window information including measured drawings, location, manufacturer, material, and design.