

KHC Form TC-1 Rev. 2022 Page 1 of 3	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 1 – Evaluation of National Register Status	Date Received
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Read all Instructions and Guidelines (provided separately from this application) carefully before completing this application.

This page must bear the applicant's original signature and must be dated. Kentucky Heritage Council certification 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 (architectural plans, drawings, specifications etc.), the application takes precedence. A copy of this form may be provided to the Kentucky Department of Revenue. Submit this completed application, along with a completed Part 2 application and fee, **no later than April 29** for credits under KRS 171.397 of the calendar year in which you want to receive a tax credit allocation.

Submit completed form and supporting documentation to the Kentucky Heritage Council, 410 High Street, Frankfort, KY 40601, attn: Tax Credit Program. There is no fee for a *Part 1 – Evaluation of National Register Status* application.

1. **Historic Property Name** (if unknown, leave blank): _____
 Street: _____
 City: _____ County: _____ State: **KY** Zip: _____
9-Digit Zip Code.

2. **National Register Listing:** Refer to the Instructions and Guidelines for determining NR listing; check only one:
 Property is listed individually on the National Register of Historic Places
 Property is within the boundaries of a district listed on the National Register of Historic Places.**
 Name of historic district: _____
 **Attach a copy of the official National Register district map noting location of this property.

3. **Applicant/owner** (please print): _____ Signature: *Katie Wilborn* Katie B. Wilborn
 Organization: _____ Social Security or Taxpayer ID #: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ Date: _____

Applicant: I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that (check one box)
 (1) I am the owner or authorized representative of the owner of the above-described property within the meaning of "owner" set forth in **300 KAR 6:011E, Section 1(18)**, or (2) I am not the owner of the above-described property, but I attest that the owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which is attached to this application form and incorporated herein.

4. **Consultant** (please print): _____ Signature: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Organization: _____ Phone: _____ Email: _____
 Please send a copy of all correspondence to both applicant/owner and project consultant.

KHC Office Use Only

The Kentucky Heritage Council has reviewed this Application for the above-named property and has determined:

- This property is listed individually on the National Register of Historic Places and is a "certified historic structure" for the purpose of rehabilitation.
- This property contributes to the historic significance of the district listed on the National Register of Historic Places and is a "certified historic structure" for the purpose of rehabilitation.
- This property is not a contributing building to the district listed on the National Register of Historic Places nor is it individually listed on the National Register of Historic Places and is not a "certified historic structure" for the purpose of rehabilitation.

 Kentucky Heritage Council /State Historic Preservation Office Authorized Signature Date

Please note: All information other than Social Security and/or Taxpayer ID number is subject to open records requests.

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Historic Property Name: _____

Street: _____ City: _____ State: KY Zip: _____

5. Description of physical appearance:

Date(s) of building(s): _____ Source of date: _____

Date(s) of alteration(s): _____

Has building been moved? No Yes, specify date _____

6. Statement of significance:

7. Photographs and maps:

Attach photographs and maps to application. Photographs must show conditions prior to rehabilitation.

Are continuation sheets attached? No Yes

8. Other (optional)

- I give permission to allow this project to be showcased as a positive tax credit “before and after” case study for educational purposes, on the agency’s website, for use on social media, in press releases and other public venues, and for all other uses. By checking this box, I also grant permission to publish total QREs and tax credit amount.
- Alternatively, I give permission to allow my project to be showcased etc. as above, but I **DO NOT** grant permission for the release of QREs or tax credit amount UNLESS required through an Open Records Request.