

PROPERTY LEGAL DESCRIPTION

4. OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

NAME _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

5. HISTORIC ELIGIBILITY

IS THE PROPERTY CURRENTLY ON THE NATIONAL REGISTER?
 YES NO If yes, the historic name should be listed as "Name of Property" in Section 3.

IS THE PROPERTY LOCATED IN A CERTIFIED HISTORIC DISTRICT?
 YES NO If yes, enter name of Historic District below.
 Name of District: _____

AGE OF STRUCTURE (IN YEARS) _____

6. APPLYING FOR FEDERAL PROGRAM?

YES NO
 (If applying for federal program in addition to state program, you may submit a copy of Federal Part 2 instead of State Part 1B.)

7. PRELIMINARY TAX CREDIT REQUEST

ANTICIPATED COST OF REHABILITATION

YEAR	ESTIMATED COST	YEAR	ESTIMATED COST
ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS)		ANTICIPATED TOTAL LABOR COST (INCLUDE ALL YEARS)	
BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF BASIS		PROJECT START DATE (m/d/yr)	PROJECT COMPLETION DATE (m/d/yr)

ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT?
 YES NO IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)

Missouri Housing Development Commission \$ _____ Brownfield \$ _____
 Enterprise Zone \$ _____ New Business Facility \$ _____
 Federal Historic Preservation \$ _____ Neighborhood Assistance \$ _____
 Neighborhood Preservation \$ _____ Youth Opportunity \$ _____
 Local Community Development Block Grant \$ _____ Community Development Block Grant \$ _____
 Other (please specify program(s) and amount) _____

8. USE OF PROPERTY: Complete one or both of the sections below, depending on the end use of the property.

8a. If property will be entirely or partially commercial, retail, wholesale, or business use:

ANTICIPATED NUMBER OF JOBS CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE CONSTRUCTION JOBS DURING PROJECT) _____

WILL THE PROPERTY RECEIVE TAX ABATEMENT?
 YES NO If yes, for how long? _____

8b. If property will be entirely or partially residential use:

ANTICIPATED NUMBER OF HOUSING UNITS _____ TYPE OF HOUSING
 SINGLE-FAMILY/OWNED MULTI-FAMILY/OWNED RENTAL

WILL THE PROPERTY RECEIVE TAX ABATEMENT?
 YES NO If yes, for how long? _____

ANTICIPATED NUMBER OF JOBS CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE CONSTRUCTION JOBS DURING PROJECT) _____

9. PARTICIPATING IN THE E VERIFY PROGRAM?

IS THE APPLICANT (BUSINESS ENTITY) ENROLLED AND PARTICIPATING IN THE E-VERIFY PROGRAM?

YES NO

Missouri statutes (Section 285.525-285.555, RSMo) require any business entity receiving a state-administered tax credit to participate in a federal work authorization program, which enables employers to electronically verify employment eligibility with respect to employees working in connection with the activities that qualify the applicant for this program.

To access the E-Verify website, go to: <https://e-verify.uscis.gov/enroll>

10. CERTIFICATION

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
- I certify that applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.
- Applicant understands that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under sections 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
- I understand that if the applicant is found to have employed an unauthorized alien, applicant may subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- Check the applicable box:
 - I certify that I have included a copy of the executed E-Verify Program for Employment Verification Memorandum of Understanding between the company/organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and Social Security Administration.
 - I am not a business entity as defined in RSMo 285.525 (1) as "any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate, issued by the state, any business entity that is exempt by law from obtaining such a business permit, any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo."
- By submitting this application, applicant acknowledges that it shall comply with the Department of Economic Development (DED) Historic Preservation Tax Credit Program requirements. Applicant further acknowledges that failure to comply with the Program requirements shall result in the return to DED of any remaining unexpended tax credit proceeds and repayment to DED the monetary value of any expended tax credit proceeds.
- I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
NOTARY PUBLIC EMBOSSEER SEAL	On this ____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledges and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	STATE OF	COUNTY	
	NOTARY PUBLIC NAME	MY COMMISSION EXPIRES	USE RUBBER STAMP IN AREA BELOW
	NOTARY PUBLIC SIGNATURE		

FORM 1, PART 1B.**REHABILITATION INFORMATION**

(NOTE: IF YOU ARE APPLYING FOR FEDERAL HISTORIC TAX CREDITS, DO NOT COMPLETE PART 1B. INSTEAD SUBMIT THE ORIGINAL AND TWO COPIES OF FEDERAL PART 2 ALONG WITH THREE SETS OF PHOTOGRAPHS.)

Detailed Description of Work: Includes site work, new construction, alterations, etc. Complete blocks below.

ITEM NUMBER: 1 **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 2
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 3
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART1B. – DESCRIPTION OF REHABILITATION CONTINUATION SHEET

ITEM NUMBER: **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$



CONTINUATION/AMENDMENT SHEET

PROPERTY NAME	LOG NUMBER
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PROPERTY ADDRESS

Instructions: Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Historic Tax Credit Form 1A – Preliminary Approval and/or Part 1B, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: continues Preliminary continues Final amends Preliminary amends Final

NAME	SIGNATURE	DATE
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STREET ADDRESS	CITY
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STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER
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DEPARTMENT OF NATURAL RESOURCES' STATE HISTORIC PRESERVATION PROGRAM OFFICE USE ONLY

- The DNR SHPO has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- The DNR SHPO has determined that these project amendments will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- The DNR SHPO has determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

DATE	DNR STATE HISTORIC PRESERVATION OFFICE
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