MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

HTC Preliminary Form 1 – Part 1A

LOG NUMBER (DED INTERNAL USE ONLY)

HISTORIC PRESERVATION TAX CREDIT PROGRAM PRELIMINARY APPROVAL FORM 1 – PART 1A

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY:			IF APPLICANT IS AN INDIVIDUAL TAXPAYER:	
Partnership ☐ General ☐ Limited	Corporation ☐ Regular ☐ Subchapter S ☐ Trust ☐ LLC		☐ Property Owner ☐ Other (specify) _____	
NAME OF AUTHORIZED COMPANY OFFICIAL	TITLE		MAILING ADDRESS	
BUSINESS ADDRESS			CITY/TOWN	
CITY/TOWN	STATE	ZIP CODE	STATE	ZIP CODE
TELEPHONE	FAX		TELEPHONE	FAX
TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)			SOCIAL SECURITY NUMBER	
NAICS CODE (See Definitions in Guidelines)			SPOUSE SOCIAL SECURITY NUMBER (if applicable)	
EMAIL ADDRESS			EMAIL ADDRESS	
ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER			ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER	

2. PROJECT CONTACT

☐ Applicant ☐ Owner ☐ Other (Consultant, etc.)

NAME		
ADDRESS		
CITY/TOWN	STATE	ZIP CODE
TELEPHONE	FAX	

3. PROPERTY INFORMATION

NAME OF PROPERTY		
ADDRESS		
CITY/TOWN	STATE	ZIP CODE
COUNTY		

PROPERTY (CURRENT)
☐ Residential ☐ Commercial ☐ Residential/Commercial ☐ Governmental

PROPERTY (AFTER REHABILITATION)
☐ Residential ☐ Commercial ☐ Residential/Commercial ☐ Governmental

PROPERTY LEGAL DESCRIPTON

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 $_____

☐ Enterprise Zone $ _____

☐ Federal Historic Preservation $_____

☐ Neighborhood Preservation $ _____

☐ Local Community Development Block Grant $ _____

☐ Brownfield $_____

☐ New Business Facility $ _____

☐ Neighborhood Assistance $ _____

☐ Youth Opportunity $ _____

☐ 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? _____

9. 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 employ illegal aliens 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 an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Historic Preservation Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).
- I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.
- 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 and belief.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE

NOTARY PUBLIC EMBOSSER 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
		$

(YOU MAY REPRODUCE THIS PAGE FOR ADDITIONAL DESCRIPTIONS.)

MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

CONTINUATION/AMENDMENT SHEET

PROPERTY NAME	LOG NUMBER
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
STREET ADDRESS	CITY	
STATE / ZIP CODE	DAYTIME TELEPHONE NUMBER	

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