

## REHABILITATION CERTIFICATION APPLICATION PART 1 – QUALIFIED HISTORIC STRUCTURE CERTIFICATION

State Office Use Only  
Project No:

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Instructions: Read the instructions carefully before completing the application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets.

<b>Property Name:</b>	
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**Address of Property**

<b>Street:</b>	
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<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
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**Historic District**

<b>Name of Historic District:</b>	
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Mark the one that applies:

<input type="checkbox"/> National Register District	<input type="checkbox"/> State Register District
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**Contact Information**

<b>Name:</b>	
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<b>Street:</b>	<b>City:</b>	
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<b>State:</b>	<b>Zip:</b>	<b>Daytime Phone with area code:</b>	
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**Owner**

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.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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<b>Organization:</b>	
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<b>Social Security Number or Taxpayer ID:</b>	
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<b>Street:</b>	<b>City:</b>	
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<b>State:</b>	<b>Zip:</b>	<b>Daytime Phone with area code:</b>	
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**State Office Use Only**

The State Historic Preservation Office has reviewed the "Part 1 - Qualified Historic Structure Certification Application" for the above-named property and hereby determines that the property:

	contributes to the significance of the above-named district and is a "qualified historic structure" for the purpose of rehabilitation.
	does not contribute to the significance of the above-named historic district.

<b>Date</b>	<b>Authorized Signature:</b>	
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## REHABILITATION CERTIFICATION APPLICATION PART 2 – QUALIFIED REHABILITATION CERTIFICATION

**State Office Use Only**

Project No:

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Instructions: Read the instructions carefully before completing the application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets.

<b>Property Name:</b>	
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**Address of Property**

<b>Street:</b>	
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<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
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**Project Data**

Historic Date of Construction:		Type of Construction:	
Floor Area Before Rehabilitation:		Floor Area After Rehabilitation:	
Use(s) Before Rehabilitation:		Use(s) After Rehabilitation:	
Estimated Cost of Rehabilitation:		Project Start Date (est.):	Project Completion Date (est.):

**Contact Information**

<b>Name:</b>	
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<b>Street:</b>	<b>City:</b>
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<b>State:</b>	<b>Zip:</b>	<b>Daytime Phone with area code:</b>
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**Owner**

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.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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<b>Organization:</b>	
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<b>Social Security Number or Taxpayer ID:</b>	
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<b>Street:</b>	<b>City:</b>
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<b>State:</b>	<b>Zip:</b>	<b>Daytime Phone with area code:</b>
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**State Office Use Only**

The State Historic Preservation Office has reviewed the "Part 2 - Qualified Rehabilitation Certification Application" for the above-named property and has determined:

	that the rehabilitation described herein meets the Secretary of the Interior's "Standards for Rehabilitation."
	that the rehabilitation described herein does not meet the Secretary of the Interior's "Standards for Rehabilitation."

<b>Date</b>	<b>Authorized Signature:</b>	
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**REHABILITATION CERTIFICATION APPLICATION  
PART 2 – QUALIFIED REHABILITATION CERTIFICATION, cont.**

Property Name:	
Property Address:	

**Detailed Description of Rehabilitation/Preservation Work** – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

<b>NUMBER</b> <b>1</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		
<b>NUMBER</b> <b>2</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		
<b>NUMBER</b> <b>3</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		
<b>NUMBER</b> <b>4</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		

**REHABILITATION CERTIFICATION APPLICATION  
PART 2 – QUALIFIED REHABILITATION CERTIFICATION, cont.**

Property Name:	
Property Address:	

**Detailed Description of Rehabilitation/Preservation Work** – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

<b>NUMBER</b> <b>5</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
Describe Work and impact on existing feature:						
<b>NUMBER</b> <b>6</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
Describe Work and impact on existing feature:						
<b>NUMBER</b> <b>7</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
Describe Work and impact on existing feature:						
<b>NUMBER</b> <b>8</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
Describe Work and impact on existing feature:						

**REHABILITATION CERTIFICATION APPLICATION  
PART 2 – QUALIFIED REHABILITATION CERTIFICATION, cont.**

Property Name:	
Property Address:	

**Detailed Description of Rehabilitation/Preservation Work** – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

<b>NUMBER</b> <b>9</b>	Architectural Feature:		
	Approx. Date of Feature:		
Describe existing feature and its condition:			Describe Work and impact on existing feature:
Photo no.		Drawing no.	
<b>NUMBER</b> <b>10</b>	Architectural Feature:		
	Approx. Date of Feature:		
Describe existing feature and its condition:			Describe Work and impact on existing feature:
Photo no.		Drawing no.	
<b>NUMBER</b> <b>11</b>	Architectural Feature:		
	Approx. Date of Feature:		
Describe existing feature and its condition:			Describe Work and impact on existing feature:
Photo no.		Drawing no.	
<b>NUMBER</b> <b>12</b>	Architectural Feature:		
	Approx. Date of Feature:		
Describe existing feature and its condition:			Describe Work and impact on existing feature:
Photo no.		Drawing no.	

**REHABILITATION CERTIFICATION APPLICATION  
PART 2 – QUALIFIED REHABILITATION CERTIFICATION, cont.**

Property Name:	
Property Address:	

**Detailed Description of Rehabilitation/Preservation Work** – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

<b>NUMBER</b> <b>13</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		
<b>NUMBER</b> <b>14</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		
<b>NUMBER</b> <b>15</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		
<b>NUMBER</b> <b>16</b>	Architectural Feature:			Describe Work and impact on existing feature:
	Approx. Date of Feature:			
Describe existing feature and its condition:				
Photo no.		Drawing no.		

**REHABILITATION CERTIFICATION APPLICATION  
PART 2 – QUALIFIED REHABILITATION CERTIFICATION, cont.**

Property Name:	
Property Address:	

**Detailed Description of Rehabilitation/Preservation Work** – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

<b>NUMBER</b> <b>17</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
<b>NUMBER</b> <b>18</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
<b>NUMBER</b> <b>19</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				
<b>NUMBER</b> <b>20</b>	Architectural Feature:					
	Approx. Date of Feature:					
Describe existing feature and its condition:						
<table border="1"> <tr> <td>Photo no.</td> <td></td> <td>Drawing no.</td> <td></td> </tr> </table>			Photo no.		Drawing no.	
Photo no.		Drawing no.				

**REHABILITATION CERTIFICATION APPLICATION  
CONTINUATION/AMENDMENT SHEET**

Property Name:	
Property Address:	

Use this sheet to continue sections of the Part 1 and Part 2 application, or to amend an application already submitted. Photocopy additional sheets as needed.

This Sheet (mark one)		Continues Part 1		Continues Part 2		Amends Part 2	Project No.	
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Name:		Signature:		Date:	
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Street:		City:	
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State:		Zip:		Daytime Phone with area code:	
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**State Office Use Only**

The State Historic Preservation office has determined:

	that the project amendments described herein meet the Secretary of the Interior's "Standards for Rehabilitation."
	that the project amendments described herein do not meet the Secretary of the Interior's "Standards for Rehabilitation."
	that the project amendments will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.

Date		Authorized Signature:	
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## REHABILITATION CERTIFICATION APPLICATION PART 3 – REHABILITATION COMPLETION CERTIFICATION

**State Office Use Only**

Project No:

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Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both interior and exterior views) to the appropriate reviewing entity. A copy of this form will be provided to the Kansas Department of Revenue. Type or print clearly in black ink.

<b>Name of Property:</b>	
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**Address of Property**

<b>Street:</b>	
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<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
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**Project Data**

<b>Project Starting Date:</b>	
<b>Date of Rehabilitation Completion:</b>	
<b>Costs attributed solely to the rehabilitation of the historic structure (qualifying expenses):</b>	
<b>Costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping (non-qualifying expenses):</b>	

**Owner (space on following page for additional owners)**

I hereby apply for certification of rehabilitation work described above for the purposes of the state rehabilitation tax credit. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation and is consistent with the work described in Part 2 of the Rehabilitation Certification Application. I also attest that I own the property described above.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>	
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<b>Organization:</b>	
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<b>Social Security Number or Taxpayer ID:</b>	
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<b>Street:</b>	<b>City:</b>
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<b>State:</b>	<b>Zip:</b>	<b>Daytime Phone with area code:</b>	
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**State Office Use Only**

The State Historic Preservation Office has reviewed the "Part 3 – Rehabilitation Completion Certification" for the above-named property and has determined:

	that the completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation". A copy of this form has been provided to the Kansas Department of Revenue.
	that the completed rehabilitation does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form has been provided to the Kansas Department of Revenue.

<b>Date</b>	<b>Authorized Signature:</b>	
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**REHABILITATION CERTIFICATION APPLICATION  
PART 3 – REHABILITATION COMPLETION CERTIFICATION, cont.**

Property Name:	
Property Address:	

**Additional Owners:**

Name:		Signature:		Date:	
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Organization:	
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Social Security Number or Taxpayer ID:	
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Street:		City:	
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State:		Zip:		Daytime Phone with area code:	
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Name:		Signature:		Date:	
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Organization:	
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Social Security Number or Taxpayer ID:	
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Street:		City:	
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State:		Zip:		Daytime Phone with area code:	
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Name:		Signature:		Date:	
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Organization:	
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Social Security Number or Taxpayer ID:	
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Street:		City:	
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State:		Zip:		Daytime Phone with area code:	
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Name:		Signature:		Date:	
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Organization:	
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Social Security Number or Taxpayer ID:	
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Street:		City:	
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State:		Zip:		Daytime Phone with area code:	
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