APPLICATION FOR COLORADO STATE INCOME TAX CREDIT
FOR HISTORIC PRESERVATION

Pursuant to House Bill 90-1033 (CRS 39-22-514)

INSTRUCTIONS

PART 1 -- PRELIMINARY APPROVAL

Part 1 should be completed prior to start of a restoration, preservation or rehabilitation project for which a taxpayer requests a state income tax credit. (PLEASE NOTE: Work completed prior to obtaining preliminary approval may not qualify for the tax credit. Ask the Colorado Historical Society for details.) The completed form should be sent to your local government if listed below or to the Colorado Historical Society if your community is not listed:


Colorado Historical Society
Office of Archaeology and Historic Preservation
1300 Broadway, Denver, CO 80203

1. PROPERTY INFORMATION. Provide the name and address, including street, city, county and zip code, as well as the legal description of the property. Provide the name of the historic district if the structure is located within a designated historic district. Be sure to specify both the general type of property -- personal, business or investment (rental), as well as the specific use -- residential, retail, wholesale/manufacturing, office, etc.

2. APPLICANT INFORMATION. Provide the name of the taxpayer filing the application. Include the required information for both business and residence as well as the taxpayer identification number or social security number of the applicant. If more than one taxpayer intends to claim the credit, include on a separate sheet the name, address and taxpayer ID number for all taxpayers intending to claim the credit.

3. OWNER INFORMATION. If the owner is someone other than the applicant, include this information. If it is the same, write "same."

4. PROJECT CONTACT. Specify the contact person for the project (may be applicant, owner, or a third party).

5. PROPERTY DESCRIPTION. Provide a brief description of the property. Include a description of the exterior and any significant interior details: number of stories, basic floor plan, construction materials and details. Also describe distinctive architectural features, such as hardware, woodwork and trim, stairways and fireplaces.

6. PHOTOGRAPHS OF THE BUILDING. Provide photographs to adequately show all sides of the structure(s) as well as close up photographs showing details. Interior photographs are also required for any interior rehabilitation work that will be claimed for tax credit. Photos must be at least 3” x 5” and may be either black & white or color.

7. DESCRIPTION OF PROPOSED REHABILITATION/PRESERVATION WORK. In the numbered blocks, provide a description of the project. A separate block should be used to describe work on a specific feature (use as many additional sheets as necessary). Describe each feature and include its present condition, then describe the proposed work and the impact to the feature. Include labeled and numbered photographs of each feature. Use as many blocks as needed to completely describe the entire project. Examples of such features are: stairways, windows, doors, roofing, chimneys, floors, exterior and interior finishes, major spaces, etc. Drawings, if available, must be keyed to the descriptions. All proposed work on the project must be described, whether or not it is a qualified cost for the credit. For example, neither additions nor landscaping costs are allowable for the credit, nevertheless proposed additions and landscaping should be described.
8. COST ESTIMATE OF PROPOSED WORK. To the best of your knowledge, provide an estimate of the costs of the proposed work. List separate costs as closely as possible to the features described in No. 7 of this application; however, only qualified costs on qualified rehabilitation work need be itemized. In addition to providing the total for qualified costs, include an estimate of the total cost of the entire project, including the cost of work that does not qualify for the tax credit such as additions, landscaping, site work, architect fees, etc.

9. PROJECT STARTING DATE AND PROJECT COMPLETION DATE. The work must be completed in a 24-month period.

10. APPLICANT’S SIGNATURE. Provide signatures of all taxpayers claiming the credit (use additional sheets if necessary).

PART 2 -- FINAL APPROVAL

Part 2 must be submitted within 60 days of the completion of the project. The completed form should be sent to:

1 - 4. Other than the name of the property, which must be indicated, these sections should be completed only if the information varies from that provided in Part 1. Wherever the information is the same, write "see Part 1," but be sure to include all new or differing information (see Part 1 for instructions).

5. PROJECT STARTING DATE AND COMPLETION DATE. Provide accurate starting and completion dates of project under consideration.

6. PHOTOGRAPHS OF COMPLETED WORK. Provide numbered and labeled photographs documenting all completed work. The photographs should as clearly as possible show all features described in No. 7 in Part 1. Photographs of the completed features should closely duplicate the "before" photographs provided with Part 1.

7. PROJECT COSTS. Provide the actual costs of the completed project for all qualified costs. List costs as closely as possible to the categories used under No. 8 in Part 1. Provide the total of all qualified costs on qualified rehabilitation. Also provide the total cost of the project including non-qualified costs.

8. APPLICANT’S SIGNATURE AND DATE. Provide a signature and date for all taxpayers claiming the credit.
## APPLICATION FOR COLORADO STATE INCOME TAX CREDIT FOR HISTORIC PRESERVATION

Pursuant to House Bill 90-1033 (CRS 39-22-514)

### PART 1 -- PRELIMINARY APPROVAL

1. **PROPERTY INFORMATION**
   - Name of Property
   - Address
   - City/Town    County    Zip
   - Name of Registered Historic District
   - Property Type: personal  business  investment (rental)
   - Use of Property:  Current
   - After Rehabilitation
   - Legal Description:

2. **APPLICANT INFORMATION (taxpayer claiming the credit)**
   - Name
   - Type of Entity:  Individual
   - Partnership: General  Limited
   - Corporation: Regular  Subchapter S
   - Limited Liability Company
   - Name of authorized company official
   - (if applicant is not an individual):
   - Business address:
   - City/Town    State    Zip
   - Telephone
   - Residential address:
   - City/Town    State    Zip
   - Telephone
   - Taxpayer Identification Number
   - (or Social Security Number):
   - Applicant is:  owner  tenant

*If more than one taxpayer intends to claim the credit, include on a separate sheet the name, address and taxpayer ID number for all taxpayers intending to claim the credit.*
3. OWNER INFORMATION, if applicant is other than owner (if owner is applicant, write “same”)
   Name ______________________________________
   Address ______________________________________
   City/Town ______________________ State _________ Zip ______
   Telephone (___) ____________

4. PROJECT CONTACT
   ___ Applicant   ___ Owner   ___ Other (specify below)
   Name ______________________________________
   Address ______________________________________
   City/Town ______________________ State _________ Zip ______
   Telephone (___) ____________

5. PROPERTY DESCRIPTION (see instructions)

Original Date of construction: __________

6. PHOTOGRAPHS OF THE PROPERTY MUST BE INCLUDED (see instructions)
   (if drawings are available, they should also be included)
## 7. DESCRIPTION OF REHABILITATION

<table>
<thead>
<tr>
<th></th>
<th>Architectural Feature</th>
<th>Describe work/impact on feature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Describe feature and its condition:</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Describe feature and its condition:</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Describe feature and its condition:</td>
<td></td>
</tr>
</tbody>
</table>

Photo no. _________ Drawing no. _______
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</tbody>
</table>

Photo no. __________ Drawing no. __________
8. COST ESTIMATE OF PROPOSED WORK
   Itemized:

   Estimated total qualified costs _______

   Estimated total project cost _______

9. PROJECT STARTING DATE_____________

   PROJECT COMPLETION DATE_____________

10. APPLICANT'S SIGNATURE

    I hereby apply for preliminary approval to proceed with the above described work for which I intend to
    claim a state income tax credit for historic rehabilitation. I attest that I am the property's owner or a
    qualified tenant with a lease of five or more years and that the information I have provided is, to the best of
    my knowledge, true and correct. I hereby agree to allow representatives of the Reviewing Entity access to
    the property as may be necessary and reasonable for the review and approval of this application.

    Name ___________________________ Date ____________

Colorado Historic Income Tax Credit
<table>
<thead>
<tr>
<th>Name of Property</th>
<th>Applicant</th>
</tr>
</thead>
</table>

The Reviewing Entity certifies that this property:

- [ ] is individually listed in the State Register of Historic Places.
- [ ] is a local landmark designated by a certified local government.
- [ ] is located in a historic district that is:
  - [ ] on the State Register of Historic Places
  - [ ] locally designated by a certified local government; and
  - this property [ ] contributes [ ] does not contribute to the significance of the district.
- [ ] is not listed in the State Register of Historic Places nor is it a local landmark designated by a certified local government.

The Reviewing Entity has reviewed the application and:

- [ ] approves the application as submitted and grants preliminary approval authorizing the owner to proceed with the proposed work.
- [ ] approves the application with the conditions stated below and grants preliminary approval authorizing the owner to proceed with the work with the understanding that these conditions shall be met.

- [ ] rejects the application for the following reason(s):

- [ ] tables the application and requests the following additional information before the application will be reconsidered:

Reviewing Entity: ___________________________  ___________________________  
(specify SHPO or name of CLG town)  Date  

Colorado Historic Income Tax Credit
# APPLICATION FOR COLORADO STATE INCOME TAX CREDIT FOR HISTORIC PRESERVATION

Pursuant to House Bill 90-1033 (CRS 39-22-514)

## PART 2 -- FINAL APPROVAL

### 1. PROPERTY INFORMATION

Name of Property 
Address 
City/Town County Zip 
Name of Registered Historic District 
Property Type: personal ___ business ___ investment (rental) ___
Use of Property: Current 
After Rehabilitation 
Legal Description:

### 2. APPLICANT INFORMATION (taxpayer claiming the credit)

Name 
Type of Entity: Individual ___ 
Partnership: General ___ Limited ___
Corporation: Regular ___ Subchapter S ___
Limited Liability Company ___
Name of authorized company official 
(if applicant is not an individual): 
Business address: 
City/Town State Zip 
Telephone ( )
Residential address: 
City/Town State Zip 
Telephone ( )
Taxpayer Identification Number 
(or Social Security Number): 
Applicant is: (check one) owner ___ tenant ___

If more than one taxpayer intends to claim the credit, include on a separate sheet the name, address and taxpayer ID number for all taxpayers intending to claim the credit.

### 3. OWNER INFORMATION, if applicant is other than owner (if owner is applicant, write "same")

Name 
Address 
City/Town State Zip 
Telephone ( )

Colorado Historic Income Tax Credit
4. PROJECT CONTACT

Applicant  ___  Owner  ___  Other (specify below)

Name________________________________________________________

Address________________________________________________________

City/Town_________________________ State ___________ Zip _______

Telephone (____) ____________

5. PROJECT STARTING DATE _______________

PROJECT COMPLETION DATE _______________

6. PHOTOGRAPHS OF THE PROPERTY MUST BE INCLUDED (see instructions)

7. PROJECT COSTS

    Itemized:

    Total qualified costs _______________

    Total project cost _______________

8. APPLICANT'S SIGNATURE

I hereby attest that I am the property's owner or a qualified tenant with a lease of five or more years, that all work on this project has been completed and executed according to the proposed project description as stated in Part 1 and approved by the Reviewing Entity, and that all itemized costs are allowable to claim for tax credits under CRS 39-22-514 (12)(e)and(g). I hereby agree to allow representatives of the reviewing entity access to the property as may be necessary and reasonable for the final approval of the completed work.

Name ___________________________ Date ____________
CERTIFICATION
(for official use only)

Name of Property ____________________  Applicant ____________________

The Reviewing Entity has reviewed this application and:

__ Approves the completed work

__ Does not approve the completed work

__ Returns the application and requests additional information as stated below before the application will be reconsidered.

________________________________________________

________________________________________________

____________________

__ Other

TOTAL APPROVED AMOUNT FOR REHABILITATION

Reviewing Entity: ________________________________
(specify SHPO or name of CLG town)  Date

**** NOTICE TO TAXPAYER ****

DO NOT FILE THIS FORM WITH YOUR TAX RETURN

VERIFICATION OF QUALIFIED NATURE
OF HISTORIC PRESERVATION EXPENDITURES

Colorado Historic Income Tax Credit
(To Be Filed With Tax Return)

QUALIFIED PROPERTY
Name of Property
_________________________________________________________________________________________________
Address
_________________________________________________________________________________________________
City/Town_________________________________________________________County__________________________
Historic District Name (if applicable) _____________________________________________________________________

TAXPAYER
Colorado Taxpayer ID Number (or SSN)
_________________________________________________________________________________________________
Name ________________________________________________________________________________________________
Address __________________________________________________________ Phone (      ) __________________
City/Town _____________________________________________________State _____________ Zip __________

QUALIFIED COSTS AND AMOUNT OF TAX CREDIT
Total Qualified Cost For Project _______________________________________
Maximum Tax Credit for Project_________________________________________
Maximum Tax Credit for this Taxpayer _____________________________________

PROJECT COMPLETION DATE: _______________________________________

REVIEWING ENTITY
Name
_________________________________________________________________________________________________
Authorized Official _____________________________________________________________________________________
Address __________________________________________________________ Phone (      ) __________________
City/Town _____________________________________________________State _____________ Zip __________

I, the duly, authorized official of the above named Reviewing Entity, hereby verify that the above named property is a qualified property pursuant to CRS 39-22-514(12)(h) and that the completed qualified rehabilitation meets the provisions of CRS 39-22-514(3)(a)(III)(A)(B)(C).

By: ____________________________ Date ______________
    (signature of official)