



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

1. **PROPERTY ADDRESS** Street _____

City _____ County _____ ZIP _____

() Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY

LISTING NAME _____

() Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY

NAME OF HISTORIC DISTRICT _____

() **PRELIMINARY CERTIFICATION** Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. **OWNER'S NAME** _____

Street _____

City _____ State _____ ZIP _____ Telephone (days) _____/_____

Email address _____

3. **PROJECT CONTACT** _____

Email address _____ Telephone (days) _____/_____

4. **PHOTOGRAPHS** Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. **OWNER'S CERTIFICATION** 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. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER

DATE

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application and has determined that:

___ the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.

___ the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.

___ the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.

___ **NON-CERTIFICATION:** the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore. the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.

For Jim Draeger, State Historic Preservation Officer

Date



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

Property Address _____

INSTRUCTIONS Complete this page of the form ONLY if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.

6. BUILDING DATA

Date of construction _____ Source of date _____

Dates (or approximate dates) and brief description of alterations _____

Has the building been moved? Yes No

If yes, when and from where? _____

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



WISCONSIN
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SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street _____

City _____ County _____ ZIP _____

2. **OWNER'S NAME** _____

Street _____

City _____ State _____ ZIP _____ Telephone (days) _____ / _____

Email address _____

3. **PROJECT CONTACT** _____

Email address _____ Telephone (days) _____ / _____

4. **OWNER'S CERTIFICATION** 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. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER

DATE

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application for the above name property and has determined that:

___ the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

___ the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

For Jim Draeger, State Historic Preservation Officer

Date

NON-CERTIFICATION

___ THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.

___ THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.

For Jim Draeger, State Historic Preservation Officer

Date



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$		
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input type="checkbox"/> AC	\$		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input type="checkbox"/> Roof	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Shingles	<input type="checkbox"/> Sheathing	\$		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it.

ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Driveway	<input type="checkbox"/> Repair	<input type="checkbox"/> New			\$		
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing			\$		
<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall	<input type="checkbox"/> Attic			\$		
<input type="checkbox"/> Interior	<input type="checkbox"/> Refinish	<input type="checkbox"/> Plaster Repair	<input type="checkbox"/> Paint		\$		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Patio	<input type="checkbox"/> Fencing	<input type="checkbox"/> Sidewalks		\$		
<input type="checkbox"/> New	<input type="checkbox"/> New Addition				\$		
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bath	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed.

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

Proposed Work	Additional Information Required
Construct Deck	Submit drawings showing location, design, materials and finish.
Fencing	Submit manufacturer literature showing location, design, materials and finish.
Doors (exterior)	Submit manufacturer literature showing design, materials and finish.
Insulation	Describe insulation type and installation method.
Masonry Pointing	Submit photos of areas requiring pointing.
Mini-Split System	Show locations of vertical piping and wall units.
New Construction	Submit drawings showing location, design, materials and finish.
Porch	Submit photo of original and drawings showing location, design, materials and finish.
Remodeling	Submit drawings showing existing and proposed interior design.
Replace Roof	Submit specific shingle manufacturer, shingle name and shingle color.
Replace Windows	Submit detailed photos of existing window deterioration (int & ext) & new window information
Storm Windows	Submit manufacturer literature showing design, materials and finish.
Structural	Submit written description of the proposed work and location.



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

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Madison, WI 53706



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1. PROPERTY ADDRESS

Street _____

City _____ County _____ ZIP _____

Work to be performed in **YEAR 1**
Calendar Year _____

Work to be performed in **YEAR 2**
Calendar Year _____

Work to be performed in **YEAR 3**
Calendar Year _____

Work to be performed in **YEAR 4**
Calendar Year _____

Work to be performed in **YEAR 5**
Calendar Year _____

OWNER'S CERTIFICATION

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER _____ **DATE:** _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

I hereby approve the phasing plan for this project

WHS PROJECT NO. _____

For Jim Draeger, State Historic Preservation Officer

Date