



Louisiana Division of Historic Preservation
Louisiana Historic Rehabilitation
Commercial Tax Credit Application
AMENDMENT NUMBER: _____

State Office Use Only
Project No.

Instructions: Please read the instructions carefully before completing the application. No certifications will be made unless a completed application form has been received. All signatures must be ink, scanned images or digital signatures. Typed signatures will not be accepted in any font. If additional space is needed, use a continuation sheet or attach blank sheets. Please refer to the program guidelines for further information (See Tax Incentives at www.Louisianahp.org).

1. **Name of Property** (only if Individually Listed on the National Register): _____
Address of Property: Street: _____
City: _____ Parish: _____ State: LA Zip: _____

2. **Project Contact:**
Name: _____
Address: Street: _____ City: _____ State: _____
Zip: _____ Phone No.: _____ Email: _____

3. **Ownership:**
Initial next to the applicable description of ownership: Individual: _____ Corporation or Partnership: _____
Name: _____

Applicant Entity: _____
Address: Street: _____ City: _____ State: _____
Zip: _____ Phone No.: _____ Email: _____

*I hereby certify that the information I have provided is, to the best of my knowledge, correct. I am the owner of the above-described property and/or the duly authorized representative of the owning organization. I acknowledge that the project must demonstrate reviewable progress in 24 months or the reservation may be forfeited. Projects located in a potential qualifying district require the district to be certified by NPS before the completion of the project. I further acknowledge that the Louisiana Historic Rehabilitation Commercial Tax Credit will sunset periodically and must be renewed. **This application will not be accepted unless it has been signed.***

Signature

Date

State Office Use Only:

The Division of Historic Preservation has reviewed the Amendment for the property and determined:

The rehabilitation described herein is consistent with the historic character of the property and the district or potential district in which it is located and meets the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation" as proposed as determined by the State Historic Preservation Office. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a contributing building after rehabilitation work is completed.

The rehabilitation or proposed rehabilitation will meet the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation" if the attached conditions are met as determined by the State Historic Preservation Office. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a contributing building after rehabilitation work is completed. If the project is also pursuing the Federal Historic Tax Credit program, any and all Federal conditions or determinations apply.

The rehabilitation described herein is not consistent with the historic character of the property and the district or potential district in which it is located and the project does not meet the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation" as determined by the State Historic Preservation Office. A copy of this form will be provided to the La. Dept. of Revenue.

Denied due to a lack of information.

See letter

See Conditions Sheet

Tax Credit Reservation

Reviewer

1. **Reservation amount requested:** _____
2. **Reservation amount approved:** _____
3. If full reservation request is not available, indicate circumstances:
 - 4a. Pro Rata Award _____

4b. Reservation Will Be Considered Applied for on

(225) 342-8200

Authorized Signature: Director of Louisiana Division of Historic Preservation or Authorized Designee

Office Telephone No.



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AMENDMENT SHEET – Continued

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4. This form: Check All that Apply

Updates applicant or contact information. (Please check one)

Applicant

Contact

Previous owner or contact information:

Address: Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ Email: _____

New owner or contact information: _____ SSN or TIN: _____

Address: Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ Email: _____

Amends a previously submitted Part 1 or 2 application (Detail reason for amendment below or attach continuation sheet):

Amends an approved Credit Reservation:

Requesting an additional credit reservation amount

Rescinding a portion of your approved credit reservation

Revised Estimated QREs _____

Total Reservation Request _____

Estimated Eligible Costs and Expenses x 0.25 (or 0.35 for rural areas) = Tax Credit Reservation Request.

If the project is expected to incur at least \$500,000 of eligible costs and expenses, the estimate of the eligible costs and expenses form must be completed by a Certified Public Accountant. Reservation requests will not be approved without required estimated costs and expenses.

Previously Approved Reservation Amount _____

Year _____ Date of Approval _____

Requested Increase (ONLY ADDITIONAL REQUEST) _____

Amount of Credit Rescinding _____



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PART 2 – Continued

State Office Use Only
Project No.

Number _____ Feature _____ Date of Feature: _____

Describe existing feature and its condition:

Photo Numbers _____

Drawing Numbers _____

Describe work and impact on feature:

Number _____ Feature _____ Date of Feature: _____

Describe existing feature and its condition:

Photo Numbers _____

Drawing Numbers _____

Describe work and impact on feature:

Number _____ Feature _____ Date of Feature: _____

Describe existing feature and its condition:

Photo Numbers _____

Drawing Numbers _____

Describe work and impact on feature: