

# Part A – Application for State Tax Credit

## Minnesota Historic Structure Rehabilitation Tax Credit Application

MUST submit with federal "HISTORIC PRESERVATION CERTIFICATION APPLICATION PART 2 – DESCRIPTION OF REHABILITATION"  
Complete this form according to the [Part A Instructions](#)  
— DO NOT ALTER THIS FORM —

### HISTORIC PROPERTY

Historic Property Name: \_\_\_\_\_

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Street: \_\_\_\_\_

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City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Property ID number (PID): \_\_\_\_\_ NPS Project Number: \_\_\_\_\_

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### PROJECT INFORMATION

PLACE A ✓ IN THE APPROPRIATE BOX(ES)

- 1  This application is for a tax credit  
 This application is for a grant in lieu of credit (GILOC)  
 This application is for a combination of a tax credit and a GILOC  
       \_\_\_\_\_ % credit \_\_\_\_\_ % GILOC
- 2 Is the building subject to review by a local HPC?            Yes  No
- 3 Did this project receive other federal or state licensing, grants, funding, financing, or permitting?    Yes  No  
*if yes, please provide:*

AGENCY	FEDERAL OR STATE INVOLVEMENT
<i>ex. HUD , staffemail@gov.com</i>	<i>ex. LIHTC</i>

- 4 Estimated rehabilitation costs (QRE)..... **4** \_\_\_\_\_
- 5 Non-Qualified Expenditures (non-QRE) ..... **5** \_\_\_\_\_
- 6 Estimated total project costs (QRE plus non-QRE) ..... **6** \_\_\_\_\_
- 7 Estimated cost of materials..... **7** \_\_\_\_\_
- 8 Estimated cost of labor: ..... **8** \_\_\_\_\_
- 9 Estimated number of jobs created during rehabilitation..... **9** \_\_\_\_\_
- 10 Estimated Construction Start date: \_\_\_\_\_
- 11 Pre-rehabilitation Adjusted Basis:
  - ✓ purchase price of the property (building and land)           \_\_\_\_\_
  - ✓ the cost of the land at the time of purchase                   - \_\_\_\_\_
  - ✓ depreciation taken for an income-producing property       - \_\_\_\_\_
  - ✓ cost of any capital improvements made since purchase       + \_\_\_\_\_

\$ \_\_\_\_\_ = Adjusted Basis

**12** Assessed property value in tax year before rehabilitation: \$ \_\_\_\_\_

**13** Project interested in being contacted by SHPO to share data related to carbon mitigation  Yes  No  
Project pursuing green building certification, such as LEED  Yes  No

**14** Woman or Minority or Veteran Owned Applicant (optional)  Yes  No

**15.** Preparer's Name (if applicable):

\_\_\_\_\_

Business Name: Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Daytime Phone: Email Address:

\_\_\_\_\_

**SECTION INTENTIONALLY  
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**APPLICANT (Authorized Signature Required)**

To administer the Credit for Historic Structure Rehabilitation program, Minnesota Department of Administration must share information about you with the Minnesota Department of Revenue. By signing below, you authorize the exchange of private and/or nonpublic data between the two agencies. This authorization expires 24 months after this project application has been withdrawn or denied, or 60 months after certification of the federal *Part 3—Request for Certification of Completed Work*.

I certify that all information provided herein is true and accurate, to the best of my knowledge.

I certify that I am an eligible taxpayer as defined Minn. Stat. § 290.0681.

I affirm that I have authority to sign this form on behalf of the taxpayer.

I acknowledge and agree to the Consent to Release Tax Credit Certificate Application Data and Information Sharing Authorization.

I give permission to the designated federal Part 2 Application Project Contact to be the primary recipient of information regarding the Minnesota Historic Structure Rehabilitation Tax Credit Application.

I certify under the penalties of perjury that, to the best of my knowledge and belief, this project is in compliance with Minnesota Credit for Historic Structure Rehabilitation (Minnesota Statutes 290.0681 CREDIT FOR HISTORIC STRUCTURE REHABILITATION.)

**16. Applicant's Name:**

Business Name:

Title:

Address:

Daytime Phone:

Email Address:

Signature of Applicant

Date

**NOTICES**

**Tennessee Warning Notice:** We are requesting data from you to determine if you are eligible for a state tax credit under the Historic Structure Rehabilitation program. You are not required to provide the requested information, but your failure to do so may result in Minnesota Department of Administration being unable to evaluate your eligibility for an award pursuant to the criteria developed under the program's enabling legislation and rules. The data you provide to us is classified as private or nonpublic data and cannot be shared without your permission, except as specified by statute or court order.

**Data Privacy Notice:** Certain data required by this application is classified as private or nonpublic data under Minn. Stat. § 13.591, subd. 1. Some other data that we collect in this application is classified as private data under Minnesota statute.