



**HISTORIC PRESERVATION TAX CREDIT PROGRAM
PRELIMINARY APPROVAL FORM 1 – PART 1A**

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY: **IF APPLICANT IS AN INDIVIDUAL TAXPAYER:**

Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> LLC	<input type="checkbox"/> Property Owner <input type="checkbox"/> Other (specify) _____
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NAME OF AUTHORIZED COMPANY OFFICIAL	TITLE	MAILING ADDRESS
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BUSINESS ADDRESS	CITY/TOWN
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CITY/TOWN	STATE	ZIP CODE	STATE	ZIP CODE
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TELEPHONE	FAX	TELEPHONE	FAX
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TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)	SOCIAL SECURITY NUMBER
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NAICS CODE (See Definitions in Guidelines)	BUSINESS SIZE (Number of Employees Including Company Owners)	SPOUSE SOCIAL SECURITY NUMBER (if applicable)
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EMAIL ADDRESS	EMAIL ADDRESS
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ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER	ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER
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HAS THE ENTITY/INDIVIDUAL (1a) EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF ANY STATE AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

2. PROJECT CONTACT

Applicant Owner Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN	STATE	ZIP CODE
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TELEPHONE	EMAIL ADDRESS	FAX
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HAS THE "CONTACT" EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF ANY STATE AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

3. PROPERTY INFORMATION

NAME OF PROPERTY

ADDRESS

CITY/TOWN	STATE	ZIP CODE
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COUNTY

PROPERTY (CURRENT)
 Residential Commercial Residential/Commercial Governmental

PROPERTY (AFTER REHABILITATION)
 Residential Commercial Residential/Commercial Governmental

IF RESIDENTIAL, WILL THIS PROPERTY BE USED AS APPLICANT (1a) MAIN RESIDENCE AFTER THE REHABILITATION?
 YES NO

PROPERTY LEGAL DESCRIPTION

4. OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

NAME _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

5. HISTORIC ELIGIBILITY

IS THE PROPERTY CURRENTLY ON THE NATIONAL REGISTER?
 YES NO If yes, the historic name should be listed as "Name of Property" in Section 3.

IS THE PROPERTY LOCATED IN A CERTIFIED HISTORIC DISTRICT?
 YES NO If yes, enter name of Historic District below.
 Name of District: _____

AGE OF STRUCTURE (IN YEARS) _____

6. APPLYING FOR FEDERAL PROGRAM?

YES NO
 (If applying for federal program in addition to state program, you may submit a copy of Federal Part 2 instead of State Part 1B.)

7. PRELIMINARY TAX CREDIT REQUEST

ANTICIPATED COST OF REHABILITATION

YEAR	ESTIMATED COST	YEAR	ESTIMATED COST
ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS)		ANTICIPATED TOTAL LABOR COST (INCLUDE ALL YEARS)	
ANTICIPATED TOTAL QUALIFIED REHABILITATION EXPENSES (THIS AMOUNT WILL BE USED TO CALCULATED TAX CREDIT ALLOCATED TO THIS PROJECT)			
BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF BASIS		PROJECT START DATE (m/d/yr)	PROJECT COMPLETION DATE (m/d/yr)

ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT?
 YES NO IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)

Missouri Housing Development Commission \$ _____ Brownfield \$ _____
 Enterprise Zone \$ _____ New Business Facility \$ _____
 Federal Historic Preservation \$ _____ Neighborhood Assistance \$ _____
 Neighborhood Preservation \$ _____ Youth Opportunity \$ _____
 Local Community Development Block Grant \$ _____ Community Development Block Grant \$ _____
 Other (please specify program(s) and amount) _____

8. USE OF PROPERTY: Complete one or both of the sections below, depending on the end use of the property.

8a. If property will be entirely or partially commercial, retail, wholesale, or business use:

ANTICIPATED NUMBER OF JOBS CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE CONSTRUCTION JOBS DURING PROJECT) _____

WILL THE PROPERTY RECEIVE TAX ABATEMENT?
 YES NO If yes, for how long? _____

8b. If property will be entirely or partially residential use:

ANTICIPATED NUMBER OF HOUSING UNITS _____ TYPE OF HOUSING
 SINGLE-FAMILY/OWNED MULTI-FAMILY/OWNED RENTAL

WILL THE PROPERTY RECEIVE TAX ABATEMENT?
 YES NO If yes, for how long? _____

ANTICIPATED NUMBER OF JOBS CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE CONSTRUCTION JOBS DURING PROJECTS) _____

9. PARTICIPATING IN THE E-VERIFY PROGRAM

IS THE APPLICANT (BUSINESS ENTITY) ENROLLED AND PARTICIPATING IN THE E-VERIFY PROGRAM?

YES NO

Missouri statutes (Section 285.525-285.555, RSMo) require any business entity receiving a state-administered tax credit to participate in a federal work authorization program, which enables employers to electronically verify employment eligibility with respect to employees working in connection with the activities that qualify the applicant for this program.

To access the E-Verify website, go to: <https://e-verify.uscis.gov/enroll>

10. NOT-FOR-PROFIT ENTITY INVOLVEMENT

DOES THE APPLICANT (1a) HAVE ANY **NOT-FOR-PROFIT ENTITY** AS PART OF ITS OWNERSHIP GROUP?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT OWNER(S) AND ITS PERCENTAGE OF OWNERSHIP OF THE APPLICANT.

WILL ANY **NOT-FOR-PROFIT ENTITY** PROVIDE ANY SOURCE OF FUNDS FOR THIS PROJECT, INCLUDING, BUT NOT LIMITED TO LOANS, CAPITAL CONTRIBUTIONS AND/OR GRANTS?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY, THE AMOUNT OF FUNDS PROVIDED AND THE RELATIONSHIP BETWEEN THE NOT-FOR-PROFIT AND THE APPLICANT.

WILL ANY **NOT-FOR-PROFIT ENTITY** INCUR OR PAY ANY REHABILITATION EXPENSES?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY, THE AMOUNT IT WILL INCUR OR PAY, AND THE RELATIONSHIP BETWEEN THE NOT-FOR-PROFIT ENTITY AND THE APPLICANT.

WILL THE HISTORIC TAX CREDITS ISSUED FOR THIS PROJECT BE DISTRIBUTED TO ANY **NOT-FOR-PROFIT ENTITY**?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY AND THE PERCENTAGE OF THE CREDITS THAT WILL BE DISTRIBUTED.

11. STRUCTURE BEING LEASED TO TAX EXEMPT ENTITY

WILL ANY PART OF THE PROPERTY BE LEASED OR SUBLEASED TO ANY TAX EXEMPT ENTITY?

YES NO

IF YES, PROVIDE THE NAME OF THE TAX EXEMPT ENTITY THAT WILL LEASE THE PROPERTY AND THE PERCENTAGE OF THE PROPERTY IT WILL LEASE.

Any participation by not-for-profit entities, including but not limited to ownership interest, capital contributions, distribution of tax credits, incurrence or payment of rehabilitation expenses, lease to a tax-exempt entity, may result in the reduction of tax credits.

12. HISTORIC TAX CREDIT – APPLICANT CERTIFICATION

1. I certify that I am an authorized representative of the applicant and, as such, am authorized to make the statement of affirmation contained herein.
2. The information submitted by the applicant to DED in connection with the rehabilitation is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The applicant hereby authorizes DED to verify such information.
3. Neither the applicant, nor any individual with an ownership interest in the applicant:
 - a. Has committed a felony, is currently under indictment or charged with a felony, or is currently on parole or probation;
 - b. Is delinquent with respect to any non-protested federal, state or local taxes or fees;
 - c. Has filed, or is preparing to file, for bankruptcy, unless otherwise disclosed to DED; or
 - d. Has failed to fulfill any obligation under any other state or federal program, including a failure to pay as agreed any accrual upon which tax credits were issued.
4. I will inform DED, if at any time before project completion, there is any change to the certifications made in paragraphs 3(a) through 3(d) of this statement of affirmation.
5. The applicant, and any vendors the applicant will utilize to perform the rehabilitation, are registered and in good standing with the Missouri Secretary of State's Office.
6. The applicant agrees to comply with any and all agreements made pursuant to the rehabilitation, upon which tax credits are issued.
7. I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
8. I certify that applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide to DED documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.
9. The applicant understands that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under sections 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
10. I understand that if the applicant is found to have employed an unauthorized alien, applicant may subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.

11. I certify that (check the applicable box):

I have included a copy of the executed E-Verify Program for Employment Verification Memorandum of Understanding between the company/organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and Social Security Administration.

I am not a business entity as defined in RSMo 285.525 (1) as “any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage or livelihood. The term “business entity” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “business entity” shall include any business entity that possesses a business permit, license, or tax certificate, issued by the state, any business entity that is exempt by law from obtaining such a business permit, any business entity that is operating unlawfully without such a business permit. The term “business entity” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.”

12. I certify that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that providing false information is a criminal offense under the laws of the State of Missouri.

By submitting this application, I acknowledge that the applicant shall comply with DED Historic Preservation Tax Credit Program requirements. I further acknowledge that the applicant’s failure to comply with the Program requirements shall result in the return to DED of any remaining unexpended tax credit proceeds and repayment to DED the monetary value of any expended tax credit proceeds.

I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge. I also realize that failure to disclose material information regarding the applicant, its owners, or any other pertinent facts may result in criminal prosecution.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
NOTARY PUBLIC EMBOSSEER SEAL	On this ____ day of _____, 20 ____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledges and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	STATE OF _____		COUNTY _____
	NOTARY PUBLIC NAME _____	MY COMMISSION EXPIRES _____	USE RUBBER STAMP IN AREA BELOW
	NOTARY PUBLIC SIGNATURE _____		

FORM 1, PART 1B.**REHABILITATION INFORMATION**

(NOTE: IF YOU ARE APPLYING FOR FEDERAL HISTORIC TAX CREDITS, DO NOT COMPLETE PART 1B. INSTEAD SUBMIT THE ORIGINAL AND TWO COPIES OF FEDERAL PART 2 ALONG WITH THREE SETS OF PHOTOGRAPHS.)

Detailed Description of Work: Includes site work, new construction, alterations, etc. Complete blocks below.

ITEM NUMBER: 1 **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 2

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 3

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART1B. – DESCRIPTION OF REHABILITATION CONTINUATION SHEET

ITEM NUMBER: **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: **Architectural Feature:**
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$



CONTINUATION/AMENDMENT SHEET

PROPERTY NAME	LOG NUMBER
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PROPERTY ADDRESS

Instructions: Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Historic Tax Credit Form 1A – Preliminary Approval and/or Part 1B, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: continues Preliminary continues Final amends Preliminary amends Final

NAME	SIGNATURE	DATE
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STREET ADDRESS	CITY
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STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER
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DEPARTMENT OF NATURAL RESOURCES' STATE HISTORIC PRESERVATION PROGRAM OFFICE USE ONLY

- The DNR SHPO has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- The DNR SHPO has determined that these project amendments will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- The DNR SHPO has determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

DATE	DNR STATE HISTORIC PRESERVATION OFFICE
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