

# For Informational Purposes Only

KHC Site Development Program  
Tax Credit Application Example

2023

# Tax Credit Program: Applicant's Tax Credit Workflow


## Part 1 Example

|   |   |               |
|---|---|---------------|
| KHC Form TC-1<br>Rev. 2022<br>Page 1 of 3 | COMMONWEALTH OF KENTUCKY<br>Kentucky Heritage Council<br>Kentucky Historic Preservation Tax Credit Certification Application<br>Part 1 – Evaluation of National Register Status | Date Received |
|---|---|---------------|

Read all Instructions and Guidelines (provided separately from this application) carefully before completing this application.  
This page must bear the applicant's original signature and must be dated. Kentucky Heritage Council certification is based on the descriptions in this application form. In the event of any discrepancy between the application form and other supplementary material submitted with it (architectural plans, drawings, specifications etc.), the application takes precedence. A copy of this form may be provided to the Kentucky Department of Revenue. Submit this completed application, along with a completed Part 2 application and fee, no later than April 29 for credits under KRS 171.397 of the calendar year in which you want to receive a tax credit allocation. Submit completed form and supporting documentation to the Kentucky Heritage Council, 410 High Street, Frankfort, KY 40601, atn: Tax Credit Program. There is no fee for a Part 1 – Evaluation of National Register Status application.

**1. Historic Property Name (if unknown, leave blank):** \*(FOR EXAMPLE PURPOSES ONLY)\*  
 Street: 101 East Kentucky St  
 City: Louisville County: Jefferson State: KY Zip: 40203 -- 2793  
9-Digit Zip Code

**2. National Register Listing:** Refer to the Instructions and Guidelines for determining NR listing; check only one:  
 Property is listed individually on the National Register of Historic Places  
 Property is within the boundaries of a district listed on the National Register of Historic Places.\*\*  
 Name of historic district: Old Louisville Residential Historic District  
 \*\*Attach a copy of the official National Register district map noting location of this property.

**3. Applicant/owner (please print):** Katie Wilborn - EXAMPLE Signature:  Kate B. Wilborn  
 Organization: \_\_\_\_\_ Social Security or Taxpayer ID #: \_\_\_\_\_  
 Street: 101 East Kentucky St City: Louisville State: KY Zip: 40203  
 Phone: 502-892-3446 Email: Katherine.Wilborn@ky.gov Date: 7/14/23  
 Applicant: I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that (check one box)  
 (1)  I am the owner or authorized representative of the owner of the above-described property within the meaning of "owner" set forth in 306 KAR 6:011E, Section 1(18), or (2)  I am not the owner of the above-described property, but I attest that the owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which is attached to this application form and incorporated herein.

**4. Consultant (please print):** \_\_\_\_\_ Signature: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Please send a copy of all correspondence to both applicant/owner and project consultant.

**KHC Office Use Only**  
 The Kentucky Heritage Council has reviewed this Application for the above-named property and has determined:  
 This property is listed individually on the National Register of Historic Places and is a "certified historic structure" for the purpose of rehabilitation.  
 This property contributes to the historic significance of the district listed on the National Register of Historic Places and is a "certified historic structure" for the purpose of rehabilitation.  
 This property is not a contributing building to the district listed on the National Register of Historic Places nor is it individually listed on the National Register of Historic Places and is not a "certified historic structure" for the purpose of rehabilitation.

\_\_\_\_\_  
 Kentucky Heritage Council / State Historic Preservation Office Authorized Signature Date: \_\_\_\_\_

Please note: All information other than Social Security and/or Taxpayer ID number is subject to open records requests.

Page 2 of 3 Part 1 – Evaluation of National Register Status

Historic Property Name: \_\_\_\_\_  
 Street: 101 East Kentucky St City: Louisville State: KY Zip: 40203

\*(FOR EXAMPLE PURPOSES ONLY)\*

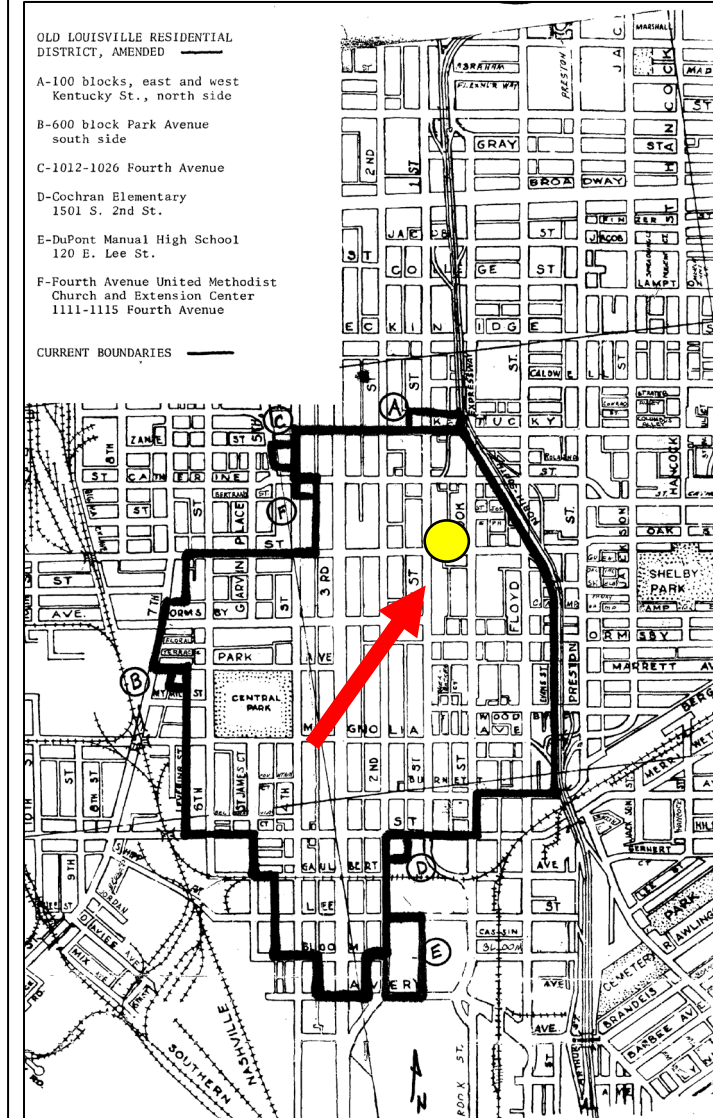
**5. Description of physical appearance:**  
**SIMPLISTIC EXAMPLE:**  
 101 East Kentucky is two stories, located on a corner lot, designed with arched detailed and constructed with brick and stone materials.  
**OR... DETAILED EXAMPLE, WITH LANGUAGE FROM THE NRHP NOMINATION FORM:**  
 101 East Kentucky is a two-and-one-half-story residence, designed in the Richardsonian Romanesque style. Large, multiple stone arches top the fenestration and its corner location gave the designer an opportunity to fill two facades with Richardsonian motifs.

Date(s) of building(s): \_\_\_\_\_ Source of date: \_\_\_\_\_  
 Date(s) of alteration(s): \_\_\_\_\_  
 Has building been moved?  No  Yes, specify date \_\_\_\_\_

**6. Statement of significance:**  
**LANGUAGE PULLED DIRECTLY FROM THE NRHP NOMINATION FORM:**  
 The Old Louisville Residential District (National Register Form No. 84001583) is the largest collection of High Victorian architecture in the city of Louisville, located just south of the central business district, and is considered the architectural embodiment of Louisville at the turn of the century.

**7. Photographs and maps:**  
 Attach photographs and maps to application. Photographs must show conditions prior to rehabilitation.  
 Are continuation sheets attached?  No  Yes

**8. Other (optional)**  
 I give permission to allow this project to be showcased as a positive tax credit "before and after" case study for educational purposes, on the agency's website, in press releases and other public venues, and for all other uses. By checking this box, I also grant permission to publish total QREs and tax credit amount.  
 Alternatively, I give permission to allow my project to be showcased etc. as above, but I DO NOT grant permission for the release of QREs or tax credit amount UNLESS required through an Open Records Request.



# Tax Credit Program: Applicant's Tax Credit Workflow

## Part 2 Example

|  |  |               |
|--|--|---------------|
| KHC Form TC-2<br>Rev. 2022<br><br>Page 1 | COMMONWEALTH OF KENTUCKY<br>Kentucky Heritage Council<br>Kentucky Historic Preservation Tax Credit Certification Application<br><br>Part 2 – Description of Rehabilitation | Date Received |
|--|--|---------------|

This page must bear the applicant's original signature and must be dated. Kentucky Heritage Council certification is based on the descriptions in this application form. In the event of any discrepancy between the application form and other supplementary material submitted (architectural plans, drawings, specifications etc.), the application takes precedence. A copy of this form may be provided to the Kentucky Department of Revenue. Submit this completed application and fee, along with a completed Part 1 application, no later than April 29 for credits under KRS 171.397 of the calendar year in which you want to receive a tax credit allocation.

1. **Historic Property Name (if unknown, leave blank):** \*(FOR EXAMPLE PURPOSES ONLY)\*  
 Street: 101 E Kentucky St  
 City: Louisville County: Jefferson State: KY Zip: 40203 -- 2793  
9-Digit Zip Code
2. **Project Category (Check only one):**  
 Owner-occupied residential property (primary residence; eligible for an up to 30% KY Tax Credit)  
 Commercial property (income producing; eligible for an up to 20% KY Tax Credit)  
 Other (secondary residence, non-profit, local government; eligible for an up to 20% KY Tax Credit)
3. **Project data:** Date of building: \_\_\_\_\_ Number of buildings in project: 1  
 Estimated material costs (QRE\*): \$40,000.00 Floor area before / after rehabilitation: 2100 / 2100 sq ft  
 Est. labor costs (QRE\*): \$60,000.00 Use(s) before / after rehabilitation: Residence / Residence  
 Est. TOTAL QRE\* (material + labor): \$100,000.00 # of housing units before / after rehab: 2 / 3  
 \*Qualified Rehabilitation Expenditures Adjusted basis of structure (commercial only): \_\_\_\_\_  
 Estimated start date: October 1, 2023 Estimated completion date: 2025  
 Work has not started  Work has started and current photos taken from the same view as the "before" photos included with the Part 1 application are included with this Part 2 application
4. **Applicant/owner (please print):** Katie Wilborn - EXAMPLE Signature: \_\_\_\_\_  
 Organization: Example, LLC Social Security or Taxpayer ID #: ### ## ####  
 Street: 410 High Street City: Frankfort State: KY Zip: 40206  
 Phone: 502-892-3446 Email: katherine.wilborn@ky.gov Date: 7/14/23
5. **Consultant (please print):** \_\_\_\_\_ Signature: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**KHC Office Use Only – The Kentucky Heritage Council has reviewed this application for the above-named property and determined:**

|  |   |
|--|---|
|  | The rehabilitation as described is consistent with the historic character of the property, and where applicable the district in which it is located, and meets the Secretary of the Interior's Standards for Rehabilitation. This approval is a preliminary determination only since a formal certification of rehabilitation can be issued only after rehabilitation work is complete. |
|  | The proposed rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation only if the attached conditions are met.   |
|  | The rehabilitation as described is not consistent with the historic character of the property, or the district in which it is located, and does not meet the Secretary of the Interior's Standards for Rehabilitation.  |

|  |   |               |
|--|---|---------------|
| KHC Form TC-2<br>Rev. 2022<br><br>Page 3 | COMMONWEALTH OF KENTUCKY<br>Kentucky Heritage Council<br>Kentucky Historic Preservation Tax Credit<br>Certification Application<br>Part 2 – Description of Rehabilitation | Date Received |
|--|---|---------------|

Historic Property Name (if unknown, leave blank): \*(EXAMPLE PURPOSES ONLY)\*  
 Street: 101 E Kentucky St City: Louisville State: KY Zip: 40203

The applicant previously applied for a Kentucky Historic Preservation Tax Credit on this property in the allocation year: \_\_\_\_\_

*Note: Starting with the 2023 pool, the annual program cap has been increased to \$100 million. The maximum credit that may be claimed for the 20% credit for commercial, income-producing, and other properties has increased to \$10 million, while the maximum credit that may be claimed for the 30% credit for owner-occupied residential properties has increased to \$120,000. If the yearly program cap is exceeded by approved projects, an apportionment formula will be applied to determine the credit amount awarded per project and will result in a reduction. Applicants applying on or prior to the annual application deadline of April 29 will be notified of the amount of their preliminary maximum credit by June 29.*

6. **Detailed description of rehabilitation work.** Use this page to describe all work or create a comparable format with this information. Number items consecutively to describe all work including building exterior and interior, additions, site work, landscaping and new construction. Photographs with this application must show conditions BEFORE start of rehabilitation and must be keyed to a floor plan.
 

|           |                    |                           |
|-----------|--------------------|---------------------------|
| Number: 1 | Feature: Staircase | Date of feature: Original |
|-----------|--------------------|---------------------------|

Describe existing feature and its condition

Original staircase is varnished, unpainted wood. Stair threads are in need of repair and one of the balustrade's spindles has been broken.

|             |               |
|-------------|---------------|
| Photo no. 1 | Drawing no. 1 |
|-------------|---------------|

Describe work and impact on feature

Refinish the stair threads in-kind and replace the broken spindle with an identical match, replicated by a local woodworker.

|           |  |                        |
|-----------|--|------------------------|
| Number: 2 | Feature: First floor and basement plan | Date of feature: _____ |
|-----------|--|------------------------|

Describe existing feature and its condition

The building currently has two units: mine personal residence and an income-producing unit. The basement currently has full head-height but is unfinished.

|                 |                 |
|-----------------|-----------------|
| Photo no. 15-28 | Drawing no. 1-5 |
|-----------------|-----------------|

Describe work and impact on feature

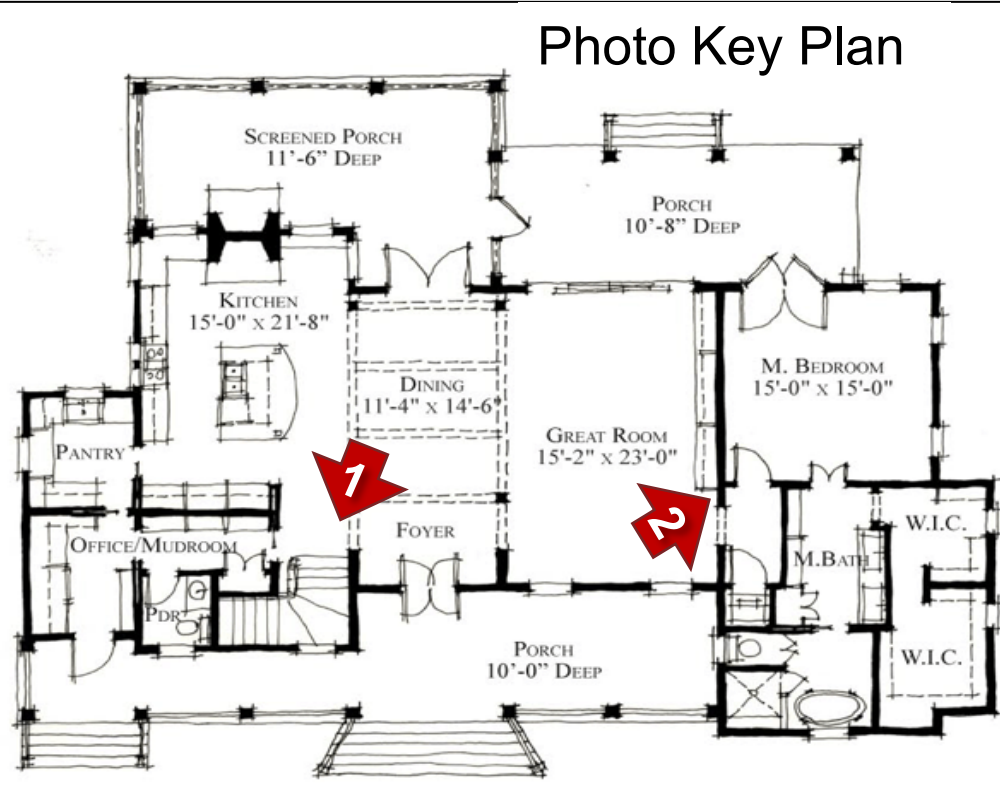
The building will have three units total by adding a unit in the basement for a garden-level income-producing unit. Minimal demolition of existing interior walls will take place to accommodate a contemporary and livable apartment layout. Existing and Proposed plans attached. This work will be based on the guidelines of National Park Service Preservation Brief no. 18 "Rehabilitating Interiors of Historic Buildings".

Add Description Page
Click the "Add Description Page" button (left) to add more pages.

# Tax Credit Program: Applicant's Tax Credit Workflow

## Photo Form Example

|  |   |  |
|--|---|--|
| Date Submitted to KHC  | <b>Rehabilitation Tax Credit Application<br/>Photo Form</b> | Date Submitted to NPS<br>(if applicable) |
| This PDF Photo Form is REQUIRED for all electronic State and Federal Rehabilitation Tax Credit Part 2 and Part 3 Applications. |   |  |
| <b>Property and Applicant Information</b>  |   |  |
| 1. Historic Property Name (if unknown, leave blank): <i>*(FOR EXAMPLE PURPOSES ONLY)*</i>                                      |   |  |
| Street: 101 East Kentucky St NPS Project # (if unknown, leave blank):  |   |  |
| County: Jefferson City: Louisville KY 9-Digit Zip Code: 40203 -2793  |   |  |
| 2. Applicant/Owner: Katie Wilborn -EXAMPLE Signature: _____  |   |  |
| Street: 410 High Street City: Frankfort State: KY Zip: 40206   |   |  |
| Phone: 502-862-3446 Email: Katherine.Wilborn@gmail.com Date: 7/14/23   |   |  |
| 3. Consultant (if applicable): _____ Signature: _____  |   |  |
| Organization: _____ Phone: _____ Email: _____  |   |  |



|  |   |
|--|---|
| <i>Information in the gray boxes is REQUIRED on EVERY PAGE.</i>  | Rehabilitation Tax Credit Photo Documentation |
| Historic Property Name (if unknown, leave blank): <i>*(FOR EXAMPLE PURPOSES ONLY)*</i> NPS #:  |   |
| Street: 101 East Kentucky St County: Jefferson City: Louisville KY   |   |
| Photos for Application (Check One): <input type="checkbox"/> Part <input checked="" type="checkbox"/> Part 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> Part 2 Amendment / Other |   |
| Photos Show Property (Check One): <input checked="" type="checkbox"/> "Before Rehabilitation" <input type="checkbox"/> "During Rehabilitation" <input type="checkbox"/> "After Rehabilitation" |   |

Click on the Photo Box icon, below, to insert your 4x6" images:



|  |                     |
|--|---------------------|
| Photo Number: 1 (as shown on the Photo-Keyed Plan)                       | Photo Date: 7/14/23 |
| Photo Description: Foyer staircase, stair threads in need of refinishing |                     |



# Tax Credit Program: Applicant's Tax Credit Workflow

## Part 3 Example

|   |  |                |
|---|--|----------------|
| KHC Form TC-3<br>Rev. 2022<br>Page 1 of 3 | COMMONWEALTH OF KENTUCKY<br>Kentucky Heritage Council<br>Kentucky Historic Preservation Tax Credit Certification Application<br>Part 3 – Request for Certification of Completed Work | Date Received: |
|---|--|----------------|

This page must bear the applicant's original signature and must be dated. A copy of this form may be provided to the Kentucky Department of Revenue. Submit this completed application and fee to the Kentucky Heritage Council upon completion of the project.

1. Historic Property Name (if unknown, leave blank): **\*(FOR EXAMPLE PURPOSES ONLY)\***  
 Street: **101 East Kentucky St**  
 City: **Louisville** County: **Jefferson** State: **KY** Zip: **40203** **2703**  
9-Digit Zip Code

2. Project Category:  
 (Check one, must match Part 2 Application):  
 Owner-Occupied residential property  
 Commercial Property  
 Other

3. Project Data:  
 Rehabilitation costs (QRE\*) \$ **100,000.00**  
 Total cost (QRE\* plus non-QRE): \$ **45,000.00**  
 \* Qualified rehabilitation expenditures  
 Start date: **Oct. 2023** Completion date: **Jan. 2025**  
 Number of housing units before / after rehabilitation: **2** / **3**  
 Floor area before / after rehabilitation: **2100** / **2100** sq ft  
 Use(s) before / after rehabilitation: **Residence** / **Residence**

4. Request for Certification:  
 I hereby apply for certification of rehabilitation work described above for purposes of the Kentucky Historic Preservation Tax Credit. I declare under penalty of law that the completed rehabilitation, to the best of my belief and knowledge, meets the Secretary of the Interior's Standards for Rehabilitation and is consistent with work described in Part 2- Description of Rehabilitation and any conditions issued by the Kentucky Heritage Council.

5. Applicant/owner (please print): **Katie Wilborn - EXAMPLE** Signature:   
(If more than one owner, attach full list of all owners with addresses, Social Security or Taxpayer ID numbers, and percentage of ownership.)  
 Organization: **Example, LLC** Social Security or Taxpayer ID #: **###-##-####**  
(If this is a pass-through organization, such as a limited partnership, S corporation or limited liability company, attach full list of all owners.)  
 Street: **410 High Street** City: **Frankfort** State: **KY** Zip: **40206**  
 Phone: **502-892-3446** Email: **katherine.wilborn@ky.gov** Date: **7/14/23**  
 Consultant (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Starting with the 2023 pool, the annual program cap limits total credit amounts approved for all taxpayers to \$100 million. The credits allocated on a preliminary approval may be adjusted to reflect actual eligible expenses. Taxpayers and the Kentucky Department of Revenue will be notified of approved final credits for completed projects.

**KHC Office Use Only – The Kentucky Heritage Council has reviewed this application and Part 2-Description of Rehabilitation and determined:**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The completed rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation. Effective on the date indicated below, the rehabilitation of this "certified historic structure" is hereby designated a "certified rehabilitation." This letter of certification is to be used in conjunction with appropriate Kentucky Income Tax forms. |
| <input type="checkbox"/> | That the completed rehabilitation does not meet the Secretary of the Interior's Standards for Rehabilitation.  |

|   |  |                |
|---|--|----------------|
| KHC Form TC-4<br>Rev. 2022<br>Page 1 of 1 | COMMONWEALTH OF KENTUCKY<br>Kentucky Heritage Council<br>Kentucky Historic Preservation Tax Credit Certification Application<br>Summary of Investment and Election of Credit | Date Received: |
|---|--|----------------|

This form must be completed and submitted as an attachment to the Part 3 – Request for Certification of Completed Work

Historic Property Name (if unknown, leave blank): **\*(FOR EXAMPLE PURPOSES ONLY)\***  
 Street: **101 East Kentucky St**  
 City: **Louisville** County: **Jefferson** State: **KY** Zip: \_\_\_\_\_  
 Owner: **Katie Wilborn -EXAMPLE** Date: **7/14/23**  
 Organization: **Example, LLC** Social Security or Taxpayer ID #: **###-##-####**  
 Street: **410 High St** City: **Frankfort** State: **KY** Zip: **40206**  
 Phone: **502-892-3446** Email: **katherine.wilborn@ky.gov**

The period that QREs are being captured runs from (start date): **Oct 2023** to (completion date): **Jan 2025**  
 (Please note that for the Kentucky Historic Preservation Tax Credit, these dates cannot exceed a 24-month period.)  
 For commercial projects, adjusted basis at start date is \$ \_\_\_\_\_ and on completion date is \$ \_\_\_\_\_  
 If applicable, denote tax year in which owner previously claimed a KY Historic Preservation Tax Credit on this property: \_\_\_\_\_

I have chosen to:

- Use the credit. If this credit was allocated in the 2011 allocation pool or later, the credit shall be refundable.
- Transfer or assign the credit for some or no consideration, along with any related benefits, rights, responsibilities and liabilities to any entity subject to the tax imposed by KRS 136.505. I understand that within thirty (30) days of the date of any transfer of credits, the party transferring the credits shall notify the Kentucky Department of Revenue of:
  - The name, address, employer identification number, and bank routing and transfer number, of the party to which the credits are transferred;
  - The amount of credit transferred; and
  - Any additional information the Department of Revenue deems necessary.

An application for a final determination of credit shall include an IRREVOCABLE election by the taxpayer to use or transfer the credit.

| QRE*                    | Materials   | Labor       |
|-------------------------|-------------|-------------|
| Wood refinishing        | \$ Example  | \$ Example  |
| Roof Replacement        |             |             |
| Updated electric panel  |             |             |
| New plumbing            |             |             |
| Repair wood windows     |             |             |
| Stair balustrade repair |             |             |
| Painting                |             |             |
| Front door refinishing  |             |             |
|                         |             |             |
|                         |             |             |
|                         |             |             |
|                         |             |             |
|                         |             |             |
|                         |             |             |
|                         |             |             |
|                         |             |             |
| Total QRE*              | \$40,000.00 | \$60,000.00 |

\*Qualified Rehabilitation Expenditures

I attest that I am the owner of the property, or am a representative authorized to sign on the behalf of the owner. I attest that the information I have provided is, to the best of my knowledge, correct, and that I have documentation to support this report pursuant to an audit.

Signature: **EXAMPLE ONLY**  
 Date: \_\_\_\_\_  
 Signature: **EXAMPLE ONLY**  
 Date: \_\_\_\_\_  
 Notary or CPA Signature: \_\_\_\_\_

Note: For owner-occupied residences, this form must be notarized. For all other projects, a Certified Public Accountant (CPA) must complete a compilation of qualified rehabilitation expenses or sign this form. The compilation must include the CPA name, license #, contact information and wet signature, as well as dates and amounts for QREs, amount of adjusted basis, and dates and amounts showing adjusted basis is exceeded. See Instructions and Guidelines for more.