

COMMONWEALTH OF KENTUCKY
Kentucky Heritage Council
Kentucky Historic Preservation Tax Credit Certification Application

Part 1 – Evaluation of National Register Status

Questions? Contact Us:
<https://bit.ly/KyTaxCredit>
KHC.taxcredits@ky.gov
502-892-3620

Read all Instructions and Guidelines carefully before completing this application. Contact us with questions at: KHC.TaxCredits@ky.gov or 502-892-3620.

This page must bear the applicant's 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.

There is no fee for a Part 1 – Evaluation of National Register Status application.

1. **Historic Property Name** (if unknown, leave blank): _____
Street: _____
City: _____
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: _____
**Attach a copy of the official National Register district map noting location of this property.

3. **Applicant/owner** (please print): _____ Signature: _____
Organization: _____ Social Security or Taxpayer ID: _____
Street: _____
Phone: _____

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 300 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 _____ which is attached to this application form and incorporated herein.

4. **Consultant** (please print): n/a 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.
- GB 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.

KHC Form TC-1 Rev. 2022 Page 2 of 3	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 1 – Evaluation of National Register Status	Questions? Contact Us: https://bit.ly/KyTaxCredit KHC.taxcredits@ky.gov 502-892-3620
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Historic
Street: _____



5. Description of physical appearance:

One story brick neo-classical revival with asphalt shingle roof with shed dormer and sided rear addition.

Date(s) of building(s): 1900 Source of date: National Register Nomination

Date(s) of alteration(s): 1990

Has building been moved? No Yes, specify date _____

6. Statement of significance:

Identified contributing structure to the Central Frankfort National Register Historic District
 NRIS#09000570 listed in 2009 Section 7 Page 23

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, for use on social media, 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 mandated by an Open Records Request.

COMMONWEALTH OF KENTUCKY
Kentucky Heritage Council
Kentucky Historic Preservation Tax Credit Certification Application
Part 2 – Description of Rehabilitation

Questions? Contact Us:
<https://bit.ly/KyTaxCredit>
KHC.taxcredits@ky.gov
502-892-3620

This page must bear the applicant's signature and 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): _____
Street: _____
City: _____ County: _____ State: **KY** Zip: _____
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: 1905 Number of buildings in project: 1
Estimated material costs (QRE*): 15,000 Floor area before / after rehabilitation: 1468 / 1468 sq ft
Est. labor costs (QRE*): 25,000 Use(s) before / after rehabilitation: home / home
Est. TOTAL QRE* (material + labor): 40,000 # of housing units before / after rehab: 1 / 1

*Qualified Rehabilitation Expenditures Adjusted basis of structure (commercial only):
Estimated start date: 05/01/24 Estimated completion date: 05/01/26

QREs may only be captured within a consecutive 24-months. Part 3 applications should be submitted within 36-months or pay an Extension Fee.

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): _____
Organization: _____ Social Security or _____
Street: _____
Phone: _____

5. **Consultant** (please print): n/a 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.
GB	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 .

\$40,000	Total Amount of Eligible Estimated Expenses Reported for this Project
See Heritage.Ky.Gov	Total Amount of Eligible Estimated Expenses Reported for all Kentucky Projects in this year
Total Pre-Approved Maximum Credit Amount for this Project (to be claimed upon project completion)	\$12,000.00

Kentucky Heritage Council/State Historic Preservation Office Authorized Signature Date

	Detailed Description of Rehabilitation	
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Historic Property Name (if unknown, leave blank):

Number - **1** Feature – storm windows Date of Feature - 1980s

Describe existing feature and its condition

The home has original single pane double hung windows without storms.

Photo #s – 10,11,12

Describe work to feature

Newly fabricated wooden storm windows will be custom manufactured to fit the existing window frame with width of the frame not exceeding the dimension of the sash stiles and rails. A center mullion will exist in the frame and be aligned with the meeting rails of the windows.

Number - **2** Feature – Building Insulation Date of Feature - n/a

Describe existing feature and its condition

Existing home had inadequate insulation in the attic.

Photo #s – 22,23

Describe work to feature

Added R30 fiberglass to the existing R19 to get a total of R49+ using compressed air to blow insulation through a tube which allowed the insulation to get into all corners and crevices.

Number - **3** Feature – full bath Date of Feature - 2020

Describe existing feature and its condition

The current bath has a leak in the ceiling and inefficient fixtures.

Photo #s 21, 18, 32

Describe work to feature

The current bath has an access door off the dining room. This door will be closed off and the original access to the bathroom will be restored. This doorway is currently a closet off the master bath. The old fixtures will be replaced with low flow faucets and toilet. The water leak will be located and repaired, the room will be retiled and drywalled.

Number - **4** Feature – New full bath Date of Feature - n/a

	Detailed Description of Rehabilitation	
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Historic Property Name (if unknown, leave blank): _____
Street: _____ County: _____

Describe existing feature and its condition

There is currently one bath in the home.

Photo #s – 27

Describe work to feature

Adding a full bath adjacent to the existing bath which will be located in the back utility room hallway. New plumbing will be run, new low flow fixtures installed and one interior wall erected.

Number - **5** Feature: Repair existing double hung windows _____ Date of Feature - 1905

Describe existing feature and its condition

There are nine original double hung windows. Six two over two and three nine over nine. Most of the windows are painted shut and missing their weights and sash cords. Some of the windows have broken panes.

Photo #s – 10,11,12

Describe work to feature

We will remove the window stop, remove the window, strip the paint, repair the glass, reglaze, repaint and rehang. We will probably only get four windows completed this period.

Number - **6** Feature: Replace broken storm front storm door _____ Date of Feature - 1980

	Detailed Description of Rehabilitation	
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Historic Property Name (if unknown, leave blank): [REDACTED]
Street: [REDACTED] County: [REDACTED]

Describe existing feature and its condition

The current storm door on the front of the house is broken, does not latch properly and has large gaps that allow for air infiltration.

Photo #s – 3,16

Describe work to feature

We will remove the current storm door and replace it with a full view metal door with brass hardware and a lock.

Number - **7** Feature: Refinish front door _____ Date of Feature - 1905

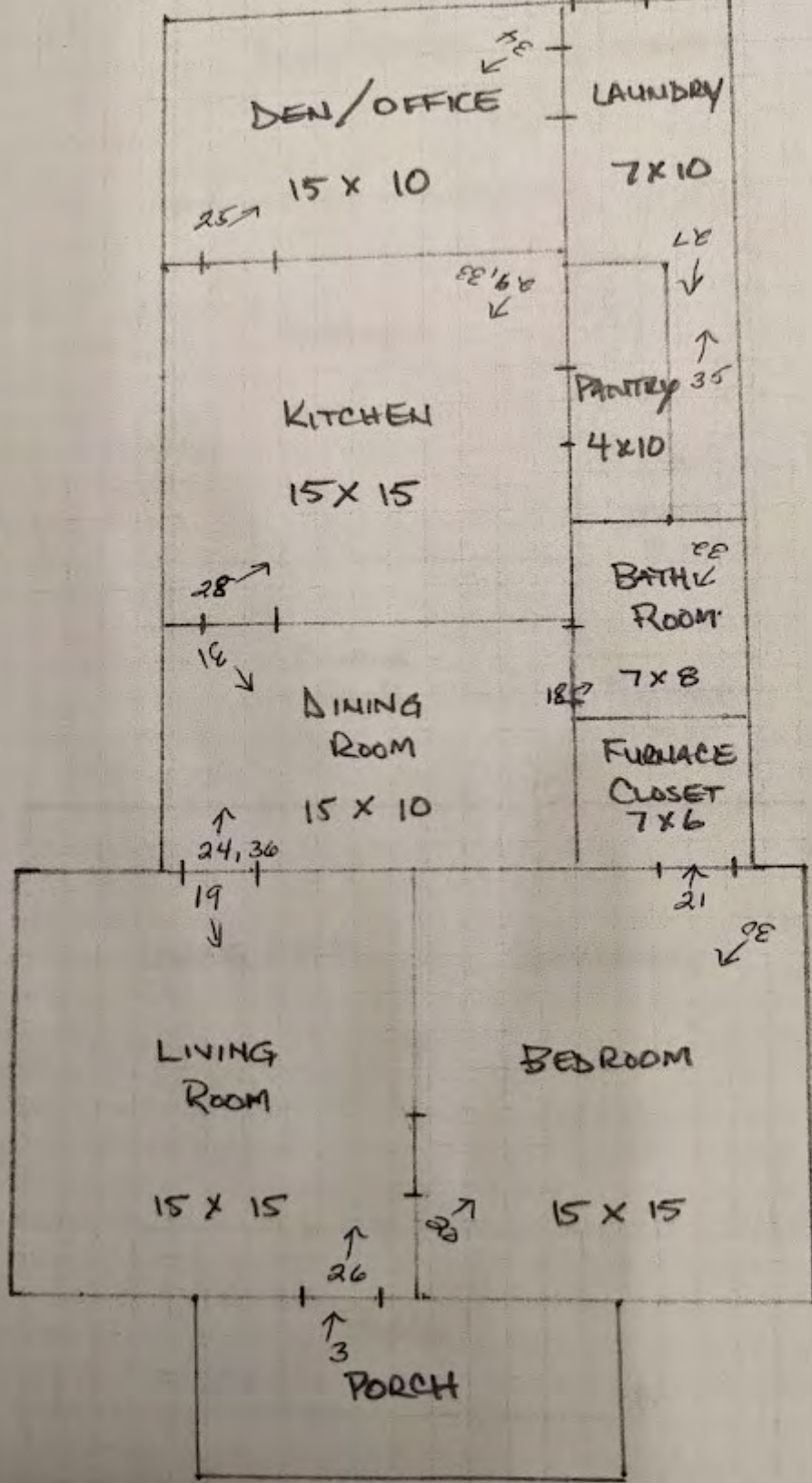
Describe existing feature and its condition

The original front door has many layers of paint which hide the original characteristics and prevent the door from latching property.

Photo #s – 3, 16, 19

Describe work to feature

Remove all the paint, remove and restore the door hardware, sand, stain and revarnish the door.



Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____ NPS #: n/a

Street: _____ County: _____ City: _____ KY _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 1 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 2 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 3 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 4 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 5 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 6 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 7 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 8 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 9 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 10 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 11 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

1

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 12 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 13 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 14 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 15 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 16 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 17 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 18 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 19 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 20 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 21 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 22 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 23 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 24 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 25 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 26 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 27 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 28 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 29 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 30 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 31 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 32 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 33 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 34 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 35 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 36 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Interior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank): _____

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 37 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 38 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior

Information in the gray boxes
is REQUIRED on EVERY PAGE.

Rehabilitation Tax Credit Photo Documentation

Historic Property Name (if unknown, leave blank):

Photos for Application (Check One): Part 1 Part 2 Part 3 Part 2 Amendment/Other

Photos Show Property (Check One): "Before Rehabilitation" "During Rehabilitation" "After Rehabilitation"



Photo Number: 39 (as shown on the Photo-Keyed Plan) Photo Date: 4/22/2024

Photo Description: Exterior