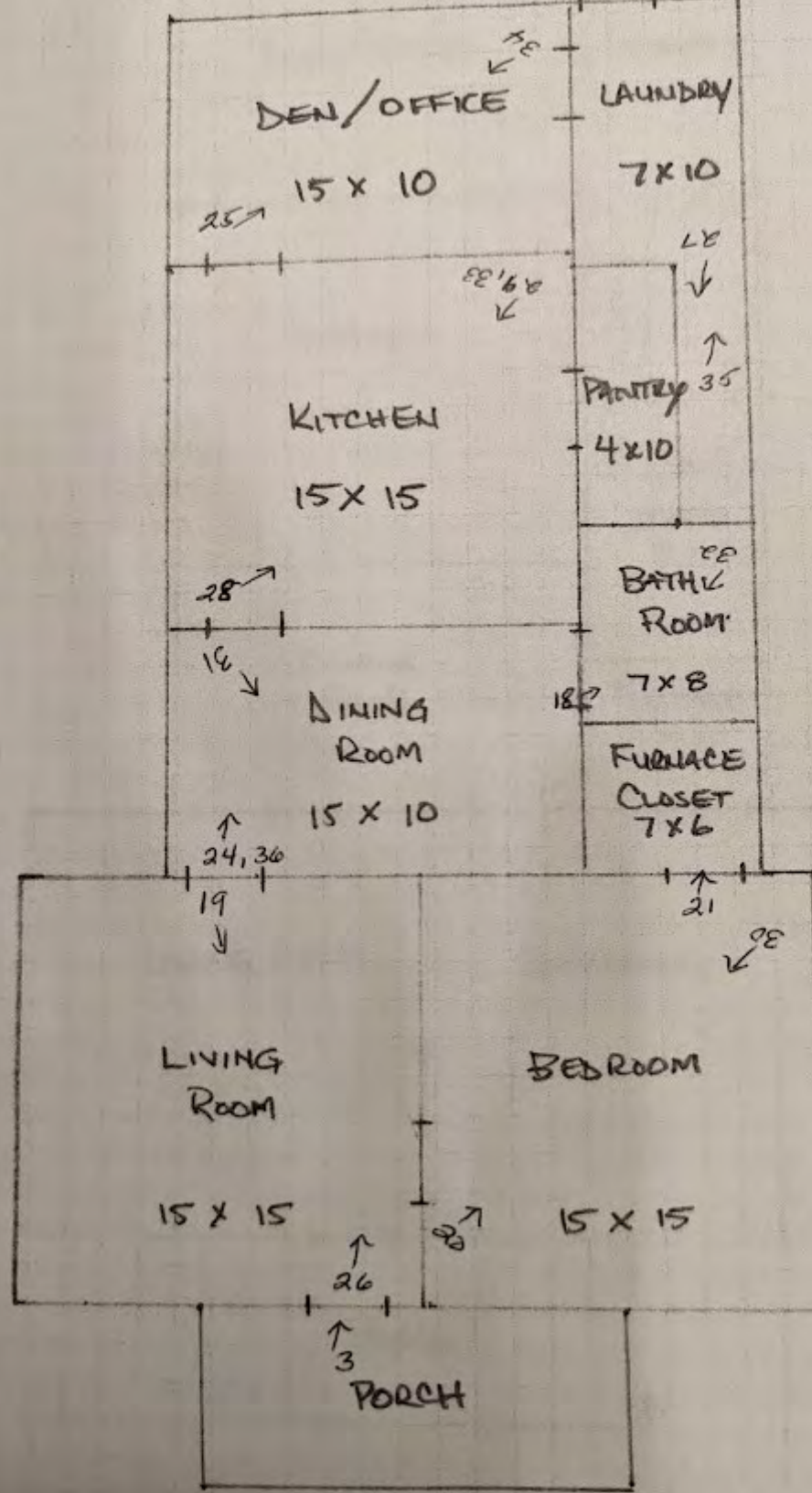




Information in the gray boxes
is REQUIRED on EVERY PAGE.

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

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