

CERTIFICATION  
(for official use only)

Name of Property:

Applicant:

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The Reviewing Entity has reviewed this application and:

Approves the completed work

Does not approve the completed work

Returns the application and requests additional information as stated below before the application will be reconsidered.

Other

TOTAL APPROVED AMOUNT FOR REHABILITATION:

Signature: \_\_\_\_\_ Reviewing Entity: \_\_\_\_\_ Date: \_\_\_\_\_  
(specify SHPO or name of CLG)

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**\*\*\*\* NOTICE TO TAXPAYER \*\*\*\***

**DO NOT FILE THIS FORM WITH YOUR TAX RETURN**

**VERIFICATION OF QUALIFIED NATURE  
OF EXPENDITURES FOR PRESERVATION OF HISTORIC STRUCTURES  
RESIDENTIAL 2014 CREDIT**

**(To Be Filed With Tax Return)**

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**QUALIFIED PROPERTY**

Name of Property \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_

Historic District Name (if applicable) \_\_\_\_\_

**TAXPAYER**

Colorado Taxpayer ID Number (or SSN) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**QUALIFIED COSTS AND AMOUNT OF TAX CREDIT**

Total Qualified Cost for Project \_\_\_\_\_

Maximum Tax Credit for Project \_\_\_\_\_

Maximum Tax Credit for this Taxpayer \_\_\_\_\_

**Credit Certificate Number:** \_\_\_\_\_

*(enter this number on Form 104CR or Form 112CR, when claiming your tax credit)*

**PROJECT COMPLETION DATE:** \_\_\_\_\_

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**REVIEWING ENTITY**

Name \_\_\_\_\_

Authorized Official \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the duly, authorized official of the above named Reviewing Entity, hereby verify that the above named property is a qualified property pursuant to CRS 39-22-514.5(2)(I) and that the completed qualified rehabilitation meets the provisions of CRS 39-22-514.5(2)(k)(II) and CRS 39-22-514.5(8)(e)(I).

By: \_\_\_\_\_ Date: \_\_\_\_\_

(signature of official)