

CERTIFICATION
(for official use only)

Name of Property:

Applicant:

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)

****** 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)

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: _____

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)