ALABAMA HISTORICAL COMMISSION
THE STATE HISTORIC PRESERVATION OFFICE

ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM
PART A – EVALUATION OF SIGNIFICANCE

This is the first of a three-part application for the Alabama Historic Rehabilitation Tax Credit program. The AHC uses this form to evaluate a property's historic significance. Applicants should refer to the Program Instructions for detailed guidance on completing each section.

1. Property name _____

Street Address _____

City _____ County _____ State Alabama Zip _____

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2. Applicant Name

Organization _____

Contact Person _____

Mailing Address _____

City _____ County _____ State_____ Zip_____

Phone _____ Email_____

3. Ownership Status

- ☐ Owns Title
- ☐ Owns a lease-hold interest for a term not less than 39 years
- ☐ Option to purchase (letter from Owner required)

4. Project Contact (if different than applicant) _____

Organization _____

Mailing Address _____

City _____ County _____ State_____ Zip _____

Phone _____ Email_____

5. Disqualifying Use

By checking this box, the Applicant is certifying that the property will not be used as their primary or secondary residence. ☐

Alabama Historic Rehabilitation Tax Credit Program
Part A – Evaluation of Significance

Property Name _____

Property Address _____

6. National Register of Historic Places Status

☐ Individually listed in the National Register

Name as listed in the National Register _____

☐ Located in an existing National Register Historic District

Name of Historic District _____

☐ Contributing Resource

☐ Non-Contributing Resource

Inventory Number _____

☐ The AHC has determined this property is:

☐ Individually eligible for the National Register

☐ Eligible as a Contributing Resource in a potential or listed National Register Historic District

Date AHC determined eligible _____

☐ The National Park Service has certified this property as historic

Date of NPS Part 1 Certification _____

☐ This property is at least 75 years old

To participate in the program, a property must be at least 75 years old or older.

7. Alabama Legislative Districts

Senate _____ House of Representatives _____

8. Required Attachments

☐ Letter from Owner (if Option to purchase is checked in #3 above)

☐ Photographs

Name of Photographer: _____

☐ Photo Key

☐ Maps

☐ Other: _____

9. Applicant Attestation

I hereby certify that I have reviewed the information and documentation submitted as part of this application and that, to the best of my knowledge and belief, all information provided is true, accurate, and complete. I further certify that I have not knowingly omitted, misstated, or misrepresented any material information. I understand that false, inaccurate, incomplete, or materially misleading information may affect eligibility for the Alabama Historic Rehabilitation Tax Credit and that any credit improperly obtained may be subject to audit, reassessment, and recapture by the Alabama Department of Revenue in accordance with Title 40, Chapter 9F, Article 2, *Code of Alabama* 1975, and Alabama Administrative Code Rule 810-3-137-.03.

Signature_____ Date_____

Property Name _____

Property Address _____

10. Property Dates
Date(s) of construction _____

Date(s) of alteration(s) _____

11. Physical description of property. Use Part A Continuation Sheet(s) as needed to provide a complete and detailed physical description.

Property Name _____

Property Address _____

12. History and Significance. Use Part A Continuation Sheet(s) as needed to provide a complete and detailed history and significance.