



STATE OF RHODE ISLAND

HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House 150 Benefit Street Providence, RI 02903

Telephone 401-222-2678  
TTY 401-222-3700

Fax 401-222-2968  
www.preservation.ri.gov

**2013 HISTORIC PRESERVATION TAX CREDIT**  
**PART 1 Application: Request for Historical Certification**  
(Complete this form in *addition* to the Federal PART 1 form)

[Application Number (Office use only) \_\_\_\_\_]

Name of property \_\_\_\_\_

Street address of property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of Project Contact Person \_\_\_\_\_

Mailing Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant Name \_\_\_\_\_

Organization \_\_\_\_\_

Social Security Number or Taxpayer Identification Number \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

\_\_\_\_\_  
Signature of Applicant Date

Owner if different from Applicant

If the rehabilitation expenditures are to be incurred by a lessee or anyone other than the fee owner, provide the following information:

Name of Owner \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date