



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. The first page of the form must appear exactly as below and must bear the applicant’s original signature. All sections must be complete and all attachments submitted or the application will be determined incomplete. Part A, Part B, and half of the required review fee (cashier’s check only) must be submitted at the same time. **Fees are NOT refundable in any circumstance even if a project is not approved for a tax credit.** All buildings must be 75 years old or older to participate in the state tax credit program.

1. Property name: _____
 Street Address: _____
 City: _____ County: _____ State: Alabama Zip: _____
 Date of Construction: _____

2. Applicant Name:
 Organization: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Ownership Status: Hold Title Owns a lease-hold interest for a term not less than 39 years Option to purchase

3. Project Contact (if different than applicant): _____
 Organization: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

4. 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: _____
 Inventory Number: _____
 The property has been determined eligible by the AHC*
 Individually eligible for the National Register
 Eligible as a Contributing Resource in a potential or listed National Register Historic District
 Name of Historic District: _____
 Date determined eligible: _____

* Property must be [determined eligible](#) by the AHC before submitting Part A

5. [Alabama Legislative District](#):
 Senate _____ House of Representatives _____

6. I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.
****Original signature of applicant required****

Signature: _____ Date: _____

Part A – Evaluation of Significance

Property name: _____

Property address: _____

Applicant may NOT attach National Park Service Part 1—Historic Preservation Certification Application in lieu of completing a Part A application.

7. Physical description of property:

8. Date of Construction: _____ Source of Date: _____

Date(s) of alteration: _____ Source of Date: _____

Has the building been moved: yes no. If yes, when? _____

9. History and Significance:

10. Required Attachments

- Letter from Owner;
 - Photographs with labels showing the condition of the building prior to the start of work;
 - Site plan showing the existing condition of the property with photo directions indicated;
 - Floor plan(s) showing the existing condition of the building with photo directions indicated;
 - Map showing the location of the building per instructions
 - Other: _____
-

11. Disqualifying Use: By checking this box, the Owner certifies that the property is not occupied by the Owner and is not used exclusively as a primary or secondary residence.