

Major Arkansas Historic Rehabilitation Tax CreditInformation Request for Prospective Projects

Please complete the items below.

Signature of property owner	Date	Printed name
	initial required.	
Please initial below that you are aware the combined with any other tax credit associated Administration. This may include but no	ciated with Arkansas l	Department of Finance and
Non-income producing or owner's private	residence	
Income producing property		
Rehabilitation of a significant property in a	historic neighborhood	
Revitalization of a historic business district	i.	
Establishment of a tourist attraction		
Expansion of an existing business		
Creation of a new business		
Arkansas Historic Rehabilitation Tax Cro Which of the program priorities below do		equired to meet one of five priorities. oject most closely address? (Check one.)
Intent to Apply – Check One	_State Credit Only	Federal AND State Credits
Email		
Contact phone		
or representative		
Property Owner		
Property Address		