

Communities of Opportunity Tax Credit Program Application		
TAX YEAR: Choose an item.		
NAME OF COMPLEX/SUBDIVISION:		TOTAL # OF UNITS OWNED BY APPLICANT WITH HCV TENANTS IN THIS COMPLEX
LAST NAME (ENTER IN BOX BELOW)	FIRST NAME (ENTER IN BOX BELOW)	M.I.
MAILING ADDRESS: NO PO BOXES (STREET ADDRESS ONLY)		
CITY:	VIRGINIA	ZIP CODE:
PHONE NUMBER:		SOCIAL SECURITY NUMBER:
EMAIL ADDRESS:		
IF THE PROPERTY IS OWNED BY A COMPANY, PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION		
NAME OF COMPANY:		FEIN:
ENTITY TYPE: Choose an item.		IS THE LANDLORD SUBJECT TO THE VIRGINIA RESIDENTIAL LANDLORD AND TENANT ACT? Choose an item.
THE LANDLORD'S CONTRACT WITH AN HCVP ADMINISTRATOR BEEN IN EFFECT FOR (IF YOU OWN MORE THAN 1 PROPERTY, CHOOSE THE CONTRACT THAT YOU'VE HAD THE LONGEST): Choose an item.		HOW DID YOU HEAR ABOUT COTCP? Choose an item.
SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE: _____		
DATE: _____		

An application is required for each complex/subdivision. For example, if applicant owns 3 units in Complex A, 1 unit in Complex B and 1 unit in Complex C. The applicant must submit 3 applications.

Owner Consent to Release Housing Choice Voucher Rental Information

(For The Communities of Opportunity Tax Credit Program Application)

DATE	
Owner's Name	
Company Name (if applicable)	

I, _____, as the landlord/owner of the unit(s) located in the _____ complex/ subdivision, with the following addresses:

Property Address(es):

hereby authorize the HCV Administrator, _____, to access, use, and release information regarding the housing choice voucher rental history for the above listed units.

This information is being requested for the purpose of applying to **The Communities of Opportunity Tax Credit Program** through the **VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**. The VDHCD will contact you via email to obtain the necessary information, the deadline for all rental history documentation to be received by VDHCD is March 5, 2026.

This authorization includes, but is not limited to, the following information:

Lease Dates	# of Months leased to HCV Tenant during 2025 calendar year
Rent Amount	Number of bedrooms in each unit

I understand that this consent is granted voluntarily and will remain in effect until May 30, 2026.

Landlord Signature: _____

Date: _____