

Communities of Opportunity Tax Credit Program Application

Tax Year:

Last Name (enter in box below)

First Name (enter in box below)

M.I.

Mailing address:

911 address (if different from mailing address:

Phone number:

Social Security Number:

Email address:

FEIN (if applicable):

Entity Type:

Is the landlord subject to the Virginia Residential Landlord and Tenant Act?

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):

How did you hear about the COTCP?

Signature of Applicant/Authorized Representative:

Date: _____