

APPLICATION FORM

Charles L. Edson Tax Credit Excellence Awards 2009

Sponsored by the Affordable Housing Tax Credit Coalition

PROJECT NAME: _____

Maximum Qualified Basis	
Eligible Basis	
Number of Units	

CATEGORY: I — Metropolitan/Urban II — Rural
 III — Special Needs Housing IV — Senior Housing
 V — Green Housing VI — Public Housing Revitalization

(Properties eligible for the public housing revitalization category may only apply in that category. Otherwise, check all that apply - entries may be considered in more than one category but are only eligible to win once.)

Nominator Information

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Owner Information

Owner Representative: _____
(Managing General Partner or other appropriate party.)

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Please indicate any other individuals or organizations that should be notified if this property is selected as a winner: _____

Applications should be postmarked by April 3, 2009, send to:
Victoria E. Spielman, Executive Director
Affordable Housing Tax Credit Coalition
1700 K Street, NW, 10th Floor
Washington, DC 20006

