

**Virginia Department of Housing and Community Development (DHCD)**  
**2025 Communities of Opportunity Tax Credit Program**  
**Housing Choice Voucher Administrator Verification Form**

The Virginia Department of Housing and Community Development (DHCD) administers the **Communities of Opportunity Tax Credit Program**. The landlord listed below has submitted an application for the **Virginia Tax Credit Year 2025**.

Attached you will find:

- **Consent to Release Information**
- **Property Worksheet**

**If the landlord owns fewer than 4 units, all units must be verified. If the landlord owns 4 or more units, only 25% of the total number of units need to be verified.**  
Please verify the required information for the units listed below.



### **Property Information**

Please complete the information for each eligible unit identified below:

<b><i>Property Addresses that Require Verification</i></b>	
Property 1	
Property 2	
Property 3	
Property 4	
Property 5	
Property 6	

Property 1

Property Address	
# of bedrooms in this Unit	
Fair Market Rent for this Unit	
Current Rent for this Unit	
# of Months HCV Tenant rented this Unit in 2025	

Property 2

Property Address	
# of bedrooms in this Unit	
Fair Market Rent for this Unit	
Current Rent for this Unit	
# of Months HCV Tenant rented this Unit in 2025	

Property 3

Property Address	
# of bedrooms in this Unit	
Fair Market Rent for this Unit	
Current Rent for this Unit	
# of Months HCV Tenant rented this Unit in 2025	

Property 4

Property Address	
# of bedrooms in this Unit	
Fair Market Rent for this Unit	
Current Rent for this Unit	
# of Months HCV Tenant rented this Unit in 2025	

Property 5

Property Address	
# of bedrooms in this Unit	
Fair Market Rent for this Unit	
Current Rent for this Unit	
# of Months HCV Tenant rented this Unit in 2025	

Property 6

Property Address	
# of bedrooms in this Unit	
Fair Market Rent for this Unit	
Current Rent for this Unit	
# of Months HCV Tenant rented this Unit in 2025	

---

## Additional Questions

1. **Name of the complex or subdivision:**

2. **Name of landlord or company (owner) of these units:**

3. **What is the total number of units in this complex that are owned by the identified landlord and currently rented to Housing Choice Voucher tenants?**

---

## Administrator Certification

I certify that the information provided above is accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**NOTE:** This form must be completed and returned to DHCD **no later than March 5, 2026**. Please return the form to: [COPtaxcredit@dhcd.virginia.gov](mailto:COPtaxcredit@dhcd.virginia.gov).

If you have any questions completing this form, please reach out to Nikki Nicholau at [Nikki.Nicholau@dhcd.virginia.gov](mailto:Nikki.Nicholau@dhcd.virginia.gov)