

# APPLICATION FORM

## Charles L. Edson Tax Credit Excellence Awards 2006

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  
(check one)

### 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: \_\_\_\_\_

Return by March 31, 2006 to:

Victoria E. Spielman, Executive Director  
Affordable Housing Tax Credit Coalition  
1900 K Street, NW, Suite 1200  
Washington, DC 20006-1109

