#### [PRINT ON APPLICANT LETTER HEAD]

#### REQUEST FOR REVIEW

[DATE]

[LRA NAME, *PLEASE REFERENCE CONTACT LIST]*

[CONTACT NAME]

[STREET ADDRESS]

[CITY, STATE ZIP]

**RE:** **[PROJECT NAME AND ADDRESS]**

Dear [LOCAL AGENCY REVIEWING AGENCY]:

We have submitted an application to the California Tax Credit Allocation Committee (CTCAC) on [DATE] for Low Income Housing Tax Credits in your jurisdiction. Enclosed for your review is a [FLASHDRIVE/CD/DVD] with an electronic copy of the application and an evaluation form.

Please complete the evaluation form in its entirety, visit the project site, and provide photographs. A completed and executed copy of the evaluation form and photographs must be submitted to CTCAC no later than twenty (20) days after the date of this letter either by (1) mail or (2) email (PDF version) to [TCACdocs@sto.ca.gov](mailto:TCACdocs@sto.ca.gov)**.**  You may keep the application CD for your files.

Please be sure to contact JoAnn Rosen of the CTCAC staff at (916) 654-6340 if you will not be able to meet this deadline.

Your agency is entitled to receive payment directly from CTCAC of $1,000 for performing this evaluation, although you may opt to waive your portion of the filing fee to assist the project financially. Upon receipt of your **completed and executed** evaluation, CTCAC will process payment of your fee. Please forward a copy of this letter and form to your accounting department to facilitate their processing of the incoming payment.

**If a deadline extension is granted, your agency will be entitled to receive payment; however, depending on the date received by CTCAC, the evaluation may not be acknowledged in the CTCAC staff report.**

Thank you for your participation. We appreciate your comments. If you have any questions regarding the evaluation, please contact CTCAC at (916) 654-6340.

Sincerely,

[DEVELOPER REPRESENTATIVE NAME]