This form is to be submitted to IFA when an owner or management company contact has changed or if any information regarding the best method to contact each entity has been updated. IFA will not update contact information until this form has been submitted.

|  |  |
| --- | --- |
| **Project Name:** | **Project #:** |
| **Physical Address:** | |
| **City:** | **Zip Code:** |
| **Project TIN (Tax ID#):** | |

|  |  |  |
| --- | --- | --- |
| **Owner Name:** | | |
| **Owner Contact:** | | |
| **Mailing Address:** | | |
| **City:** | **State:** | **Zip Code:** |
| **Contact Phone:** | **Fax:** | |
| **Owner Tax ID #:** | **E-mail:** | |

|  |  |  |
| --- | --- | --- |
| **Management Co.:** | | |
| **Mgmt. Contact :** | | |
| **Mailing Address:** | | |
| **City:** | **State:** | **Zip Code:** |
| **Contact Phone:** | **Fax:** | |
| **Mgmt. Co. Tax ID#:** | **E-mail:** | |

I certify that I am authorized to sign on behalf of the Project Owner and that the above information is true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to: Iowa Finance Authority

Attn: Julie Noland, Director of Compliance

1963 Bell Ave, Ste 200 Des Moines, IA 50315

Or email to: julie.noland@iowafinance.com