(THIS DOCUMENT MUST BE SUBMITTED TO IFA **14 DAYS PRIOR** TO INSPECTION**)**

Please verify the accuracy of the information provided on this form and complete the information requested.

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| LIHTC Project Number:      | HOME Agreement #       |
| Project Name:       |
| City:       | County:       |

**OWNER INFORMATION**

|  |  |
| --- | --- |
| Owner’s Taxpayer Identification Number:       |  [ ]  EIN [ ]  SSN |
| Owner Entity:       |
| Street Address:       |
| City:       | State:       | Zip:       |
| Owner Contact:       |
| Phone:       |
| FAX:       |
| Email:       |

**PROPERTY MANAGEMENT INFORMATION**

|  |  |
| --- | --- |
| Property Management’s Taxpayer Identification Number:       | [ ]  EIN [ ]  SSN |
| Property Management Company:       |
| Street Address:       |
| City:       | State:       | Zip:       |
| Regional/District Property Manager:       |
| Phone: (     )      |
| FAX: (     )      |
| Email:       |
|  |
| On-Site Property Manager:       |
| Phone: (     )      |
| FAX: (     )      |
| Email:       |

**EMPLOYEE UNITS**

1. Number of employee units:
	1. Are employees full-time?  [ ] Yes [ ] No
	2. Are employee unit(s) low-income qualified? [ ] Yes [ ] No
	3. Is rent collected from the management staff? [ ] Yes [ ] No

**FEES**

1. Do you require an application fee to be paid by applicants?  [ ] Yes [ ] No Amount $

If yes, identify the breakdown of how fee is used and cost associated:

|  |  |
| --- | --- |
| **Fee Use** | **Cost**  |
|       | $      |
|       | $      |
|       | $      |

1. List any non-optional fees the residents are charged (i.e., parking, usage fees, etc…):

|  |  |
| --- | --- |
| **Non-Optional Fee**  | **Cost** |
|       | $      |
|       | $      |
|       | $      |

1. List any optional fees the residents can choose to pay (i.e. laundry, cable, pet fees, etc…):

|  |  |
| --- | --- |
| **Optional Fee**  | **Cost** |
|       | $      |
|       | $      |
|       | $      |

[ ]  Y [ ]  N This form has been reviewed and all information provided is correct and accurate.

Form completed by:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Date: |  |