(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: |  |