

**VOUCHER ELECTRONIC MAILING INFORMATION SHEET**

\*\*\*Please fill this form out for EACH property\*\*\*

<b>Property Name:</b>	
<b>Contract Number:</b>	<b>MN46</b>

**TRACS CONTACT** (Person responsible for **electronic submission** of 50059s and Vouchers)

<b>Company Name:</b>		
<b>Contact Person:</b>		
<b>Telephone Number:</b>		<b>FAX:</b>
<b>E-Mail:</b>		

**VOUCHER CONTACT** (Person responsible for processing and signing HAP Voucher)

<b>Company Name:</b>		
<b>Contact Person:</b>		
<b>Telephone Number:</b>		<b>FAX:</b>
<b>E-Mail:</b>		

**SPECIAL CLAIMS CONTACT** (Person responsible for submitting Special Claims)

<b>Company Name:</b>		
<b>Contact Person:</b>		
<b>Telephone Number:</b>		<b>FAX:</b>
<b>E-Mail:</b>		

**PREVIOUS SPECIAL CLAIMS CONTACT**

<b>Company Name:</b>		
<b>Contact Person:</b>		
<b>Telephone Number:</b>		<b>FAX:</b>
<b>E-Mail:</b>		
<b>Remove contact's access to this property in the Multifamily Customer Portal?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Remove contact's access to this Company's Multifamily Customer Portal?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Note: select yes if the contact is no longer an employee of the company</i>		

<b>Owner DUNS #</b>	
<b>Owner TIN #</b>	
<b>Management TIN #</b>	

**TRACS SOFTWARE** (TRACS/HUD software vendor)

TRACS Mailbox ID#: (TRACSMail ID you are using to send FROM)	
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**RETURN BY EMAIL, FAX OR MAIL to Matissa Burnip, TRACS Data Analyst**

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EMAIL:	<a href="mailto:Matissa.Burnip@state.mn.us">Matissa.Burnip@state.mn.us</a>
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