

Services, Maintenance, Equipment and Utilities Provided by Owner

Services and Maintenance: _____

Equipment: _____

Utilities: _____

Owner Information

Owner Information	
Legal Name	
TIN Number	
SAM.gov and obtain a UEI (Unique Entity Identifier) number	
Legal Structure <i>(LP, LLC, etc.)</i>	
Entity Type <i>(non-profit, profit motived, etc.)</i>	

Owner Contact Person	
Name of Contact Person	
Mailing Address	
Phone Number	
Fax Number	
Email	

Site Contact

Site Contact Person	
Name of Contact Person	
Mailing Address	
Phone Number	
Fax Number	
Email	

Management Agent Information

Management Agent Information	
Legal Name	
TIN Number	
DUNS Number	
Mailing Address	
Management Agent Effective Date	

Management Contact Person	
Name of Contact Person	
Mailing Address	
Phone Number	
Fax Number	
Email	

APPS

Is Owner registered in HUD's APPS system?

Yes No

**If no, please go to https://www.hud.gov/program_offices/housing/mfh/apps/appsmfhm*

Voucher Contact

Voucher Contact Person <i>(person responsible for processing and signing HAP vouchers)</i>	
Name of Contact Person	
Mailing Address	
Phone Number	
Fax Number	
Email	

Special Claims Contact

Special Claims Contact Person <i>(person responsible for submitting Special Claims)</i>	
Name of Contact Person	
Mailing Address	
Phone Number	
Fax Number	
Email	

TRACSMail ID Number

You will need this ID number in order to submit the required electronic files for Section 811 properties. If you do not have a TRACSMail ID number, please call the Multifamily Helpdesk at 1.800.767.7588

TRACSMail ID Number _____

Schedule of Contract Units and Section 811 Contract Rents

Rents that will be effective on the RAC					
Unit Type	Number of Units	Contract Rent	Utility Allowance	Gross Rent	Maximum Annual Contract
<i>sample</i> OBR	10	\$ 500	\$ 15	\$ 515	\$ 61,800

Total maximum annual contract commitment: _____

Total number of assisted units: _____

Total number of non-assisted units restricted to persons with disabilities: _____

Expiration date of the unit restriction above, if applicable: _____

Total number of units at the property (assisted + non-assisted): _____

Percent of assisted units and other units restricted to persons with disability at the property: _____

Rent Up Schedule

Number of PRA Units Leased						
Month/Year	OBR	1BR	2BR	3BR	____ BR	____ BR