*\* Please note you can also change your contact information online at* [*www.shccnet.org*](http://www.shccnet.org)DATE: \_\_     \_\_

Contact Information Form

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| Property Name/Contract NumberPlease verify that your property name is exactly the same as the property name on your Voucher and 50059s. |  |
| Owner Information* **AN OWNER NAME, ADDRESS, PHONE NUMBER, ETC. THAT IS DISTINCT FROM THE MANAGEMENT AGENT INFORMATION MUST BE FILLED OUT SO THAT THIS INFORMATION IS ON FILE WITH SHCC**
 | Owner Name:      Contact Name:      Title:      Address:      City, State, ZIP:      Phone Number:      Fax Number:      E-mail Address:       |
| *New owners only:*  | Owner DUNS # for this project      Owner TIN:      Parent Company DUNS #, if applicable:      Parent Company TIN, if applicable:       |
| **HUD approved Management Agent**  We will contact this office:* For Contract Renewals and Annual Rent Adjustments;
* When tenant complaints are submitted to SHCC that the property manager or property supervisor has not fully or appropriately addressed;
* To request information; and for any other issues related to this HAP contract.
 | Company Name:      Contact Name:      Title:      Address:      City, State, ZIP:      Phone Number:      Fax Number:      E-mail Address:       |
| **Property Supervisor, if applicable**This is the person who is responsible for day-to-day supervision of the on-site manager. | Company Name:      Contact Name:      Title:      Address:      City, State, ZIP:      Phone Number:      Fax Number:      E-mail Address:       |

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| **Person SHCC should contact regarding voucher processing** We will contact this person:* When there are errors on the voucher that need correction;
* When the voucher has not been submitted;
* To confirm the dollar amount approved, etc.

NOTE: This is the individual to whom SHCC will send the monthly mailing packet (containing the voucher report and any discrepancy reports). | Company Name:      Name:      Title:      Address:      City, State, ZIP:      Phone Number:      Fax Number:      E-mail Address:       |
| On-Site Manager | Company Name:      Name:      Title:      Address:      City, State, ZIP:      Phone Number:      Fax Number:      E-mail Address:       |
| **Signature of a duly authorized representative of Owner or HUD-approved Management Agent** *These are the only signatures we will accept.****NOTE: An owner signature is required to change owner contact information.*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_Signature: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_Print Name/Title: Date |

**Please return the completed form to:**

**Southwest Housing Compliance Corporation**

##### Fax Number: (512) 437-3880

##### 1124 South IH 35

###  Austin, Texas 78704

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*(For Office Use Only)*

*Reviewed By: Date:*

*Updated in HDS on by \_\_\_\_\_\_\_\_*

*Updated in CaBase on by*