*\* 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 Number  Please 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*