



National Housing Compliance

Owner/Agent Property Information

Please complete this checklist and submit with completed forms.

Property Contact Information

Property Name:

Contract Number:

Street Address:

City:

State:

Zip:

Property Manager Name:

Phone:

Email:

Owner Contact Information

Owner Company Name:

Owner Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

EUI Number:

TRACS Number:

Management Contact Information

Management Company Name:

Management Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Notes:

--



National Housing Compliance

Management and Occupancy Review (MOR) Contact Information			
<input type="checkbox"/>	Use Property Contact	<input type="checkbox"/>	Use Owner Contact
<input type="checkbox"/>	Use Management Contact		
<input type="checkbox"/>	Use Voucher/Special Claims Contact	<input type="checkbox"/>	Use Rent Adjustment/Contract Renewals Contact

MOR Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Rent Adjustments/Contract Renewals Contact Information			
<input type="checkbox"/>	Use Property Contact	<input type="checkbox"/>	Use Owner Contact
<input type="checkbox"/>	Use Management Contact		
<input type="checkbox"/>	Use MOR	<input type="checkbox"/>	Use Voucher/Special Claims Contact

Rent Adjustment/Contract Renewal Contact:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Voucher/Special Claims Contact Information			
<input type="checkbox"/>	Use Property Contact	<input type="checkbox"/>	Use Owner Contact
<input type="checkbox"/>	Use Management Contact		
<input type="checkbox"/>	Use MOR	<input type="checkbox"/>	Use Rent Adjustment/Contract Renewals Contact

Voucher/Special Claims Contact:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Printed Name: _____ **Date:** _____

Signature: _____ **Title:** _____

