

PROPERTY INFORMATION FORM

This form should be completed to notify DCA of a change in ownership, the management company or agent, and contact information. Please return this form with the audit submissions to review.submissions@dca.ga.gov or submit at any other time to Compliance@dca.ga.gov

MANAGEMENT CONTACT INFORMATION

Property: _____ GA ID: _____

Property Management Company: _____

Onsite Manager: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

OWNER CONTACT INFORMATION

Owner Name: _____ Phone Number: _____

Email: _____

PROPERTY INFORMATION

Previous Property Name: _____

Previous Property GA ID: _____

Program Funding Type(s):

LIHTC HOME TCAP NSP BOND EXCHANGE/1602

Total # of Units: _____ # of Low Income Units: _____ # of Market Units _____

Total # Non-Rev/Common Space Units: _____ Total # of Buildings: _____

Date of Allocation: _____ Date LAST Building was Placed in Service: _____

Year First Credits were Claimed: _____ Date that 8609(s) were issued: _____

LEGAL OWNER DETAILS

Does the Owner's Contact Information Match the 8609: YES NO

Legal Owner's Name (LP/LLC): _____

Principal Owner's Name: _____

Owner's Address: _____

Owner Phone: _____ Email: _____

General Partner Name: _____

GP Phone: _____ GP Email: _____

SYNDICATOR DETAILS

Syndicator Name: _____ Contact: _____

Syndicator Address: _____

Syndicator Phone: _____ Syndicator Phone: _____

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SUBMITTED BY:

NAME: _____ TITLE: _____

SIGNATURE: _____

DATE: _____