



LIHTC & HOME 2012 CONTACT FORM

Please provide answers to all the fields below. If a question is not applicable, please indicate this by placing N/A in the area provided. This form must be returned with your Annual Owner Certification Submission.

Project Name: _____

Number of Tax Credit Units: _____

Number of Home Units: _____

Total # of Units: _____

Syndicator: _____

Syndicator Contact
Person (If Known): _____

Managing Agent: _____

Address: _____

Name of Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Owner Name: _____

Address: _____

Name of Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

If you are completing this form to indicate a change of address or other contact information previously provided with the Annual Owner's Certification submission, please mail to:

NYC DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT
100 Gold Street, Room 7-X2
New York, NY 10038
Att: John Cullinan



Printed on paper containing 30% post-consumer material.