

VOUCHER ELECTRONIC MAILING INFORMATION SHEET

Please fill this form out for EACH property

Property Name:	
Contract Number:	MN46

TRACS CONTACT (Person responsible for **electronic submission** of 50059s and Vouchers)

Company Name:			
Contact Person:			
Telephone Number:		FAX:	
E-Mail:			

VOUCHER CONTACT (Person responsible for processing and signing HAP Voucher)

Company Name:			
Contact Person:			
Telephone Number:		FAX:	
E-Mail:			

SPECIAL CLAIMS CONTACT (Person responsible for submitting Special Claims)

Company Name:			
Contact Person:			
Telephone Number:		FAX:	
E-Mail:			

PREVIOUS SPECIAL CLAIMS CONTACT

Company Name:			
Contact Person:			
Telephone Number:		FAX:	
E-Mail:			
Remove contact's access to this property in the Multifamily Customer Portal? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Remove contact's access to this Company's Multifamily Customer Portal? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>Note: select yes if the contact is no longer an employee of the company</i>			

Owner UEI #	
Owner TIN #	
Management TIN #	

TRACS SOFTWARE (TRACS/HUD software vendor)

TRACS Mailbox ID#: (TRACSMail ID you are using to send FROM)	
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RETURN BY EMAIL OR MAIL to Montrea Broadway-Deberry, TRACS Data Analyst

EMAIL:	Montrea.Broadway-Deberry@state.mn.us
MAIL:	Minnesota Housing Finance Agency
	Attn: Montrea Broadway-Deberry
	400 Wabasha St. N., Ste. 400
	St. Paul, MN 55102