		Se	ection 811 I	Demo Prog	ram					
		Prope	rty Informa	tion Requ	est Form					
Property Information	Property Name		-							
	Street address								•	
	City_	City						State		
	Zip code _				Block			Lot number		
	Other identifyi	ing information							-	
		-								
Building Information	Number of buildin	ngs:		_						
	Type of building:	_		_						
		Townhouse Walk-up Garden								
		Detached High-Rise/Elevator								
		Semi-Detached								
Unit Type/Count	Total number of units at property:									
	_								1	
		Unit Type	OBR	1BR	2BR	3BR	4BR	5BR		
		Not								
		Accessible								
		Mobility								
		Impaired								
		Hearing Impaired								
		impaireu								
		Vision								
	<u> </u>	Impaired								
	1	Total								

Services, Maintenance,	Services and Ma	intenance:					
Equipment and Utilities		•					
Provided by Owner		•					
•		•					
	Equipment:						
		•					
		•					
		•					
	Utilities:						
		•					
		•					
		•					
Owner Information							
		Legal Name					
		TIN Number					
		SAM.gov and ol	otain a UEI (Unique Entity Identifier) number			
		Legal Structure (LP, LLC, etc.)					
		Entity Type (non-p.	rofit, profit motived, etc.)				
		_					
				Owner Contact Person			
		Name of Contact Person					
		Mailing Address					
		Phone Number					
		Fax Number					
		Email					
Site Contact							
		Site Contact Person					
		Name of Contact	t Person				
		Mailing Address					
		Phone Number					
		Fax Number					
		Email					

Management Agent Information									
		Management Agent Information							
	Legal Name								
	TIN Number								
APPS Voucher Contact	DUNS -Number								
	Mailing Address								
	Management Agent Effective Date								
		Management Contact Person							
	Name of Contact Person								
	Mailing Address								
	Phone Number								
	Fax Number								
	Email								
4.000									
APPS	Is Owner registered in HUD's APPS system?								
	Yes No								
	*If no, please go to https://www.hud.gov/program_offices/housing/mfh/apps/appsmfhm								
	i, no, preuse go to nupsi, numinaligos, program_oj,	nees, nousing, mjn, apps, appsmjnm							
Voucher Contact									
	Voucher Contact P	Voucher Contact Person (person responsible for processing and signing HAP vouchers)							
	Name of Contact Person								
	Mailing Address								
	Phone Number								
	Fax Number								
	Email								
Special Claims Contact									
	Special Claims Co	ontact Person (person responsible for submitting Special Claims)							
	Name of Contact Person								
	Mailing Address								
	Phone Number								
	Fax Number								
	Email								
	A .								

TRACSMail ID Number	You will need this ID number in order to submit the required electronic files for Section 811 properties. If you do not have a TRACSMail ID									
	number, please call the Multifamily Helpdesk at 1.800.767.7588									
	TRACSMail ID Number									
Schedule of Contract Units										
and Section 811 Contract Rents		Rents that will be effective on the RAC								
		Unit	Number of	Contract	Utility	Gross				
		Туре	Units	Rent	Allowance	Rent	Maximum Anr	nual Contract		
	sample	OBR	10	\$ 500	\$ 15	\$ 515	\$	61,800		
		Total maximum annual contract commitment:								
	Total number of assisted units:									
	Total number of non-assisted units restricted to persons with disabilities:									
	Expiration date of the unit restriction above, if applicable: Total number of units at the property (assisted + non-assisted):									
	Dorcont	of assisted units								
	Percent	Percent of assisted units and other units restricted to persons with disability at the property:								
Rent Up Schedule										
Neite op senedale	Number of PRA Units Leased									
		Month/Year	0BR	1BR	2BR	3BR	BR	BR		
				223		0211				