Owner/Agent Questionnaire

Please complete and return to

California Housing Finance Agency – 500 Capital Mall, Suite 900, Sacramento, CA 95814

Property Name:		HAP Contract Number:
Owner		
Name:	Phone:	Fax:
Mailing Address: (Please do not use Management Company address unless owner-managed)		
TIN Number:	DUNS Number:	
Contact Name:	Email Address:	
Management Company		
Company Name:	Phone:	Fax:
Mailing Address:		
TIN Number:		
Contact Name:	Email Address:	
Property Site		
Name:	Phone:	Fax:
Site Address:		
Contact Name:	Email Address:	
TRACS Mail Information ***(Owner-Authorized Agent to transmit vouchers and tenant files through TRACS)***		
TRACS Mail ID: (Provide address used to submit electronic tenant/voucher files: Example: TRACM#####)		
Name:	Phone:	Fax:
Mailing Address:		
Contact Name:	Email Address:	
Certification		
Completed By:	Title:	
Company Name:	Date:	

Please remember to notify your HUD Account Executive and update APPS of any changes

By signing this, I authorize and approve all the information that is provided o the Questionnaire

Owner Signature

Date