Indication to Participate

Property Name _____
(**see notes below)
Property Address _____

City _____ _____ **Zip Code** _____ **County** _____

PHFA and/or Tax Credit Number _____
Date Project Built OR Projected Completion Date _____

List any Federal Funding Sources the Property Received_____

Contact Person (Owner) for Property

    Name _____**Phone** _____**Email** _____
Management Agent for Property

    Name _____**Phone** _____**Email** _____
Total # of Units in the Property _____

    Number of units currently receiving HUD project based assistance _____
    Number of units currently supported by an internal rent subsidy _____
    Number of units currently set-aside for special populations/set-asides _____

    Specify the set-aside population (homeless, disabled, etc.) _____

Number of units/configuration & rents seeking Section 811 operating support

(Section 811 utilizes 50% tax credit rents. Not to exceed HUD published FMR at initial rent setting)

    _____**One Bedroom**   **Rent $**_____   **Utility Allowance $**_____

    _____**Two Bedroom**   **Rent $**_____   **Utility Allowance $**_____

Please check the following:
☐ **We process vouchers in-house and staff meets EIV requirements**
Contact Person for HUD-TRACS System at your company and for this property

    Name _____**Phone** _____**Email** _____

    Software used to process vouchers:_____ **TRACSMAIL ID:**_____

    Contact Person for HUD-EIV at your company and for this property:

    Name _____**Phone** _____**Email** _____

☐ **We utilize a Service Bureau to process vouchers and/or EIV requirements**

**Please submit one form for each property
**Properties designated 62+ are not eligible to participate in the Section 811 PRA program
**Properties with 1 BR units will be given priority
For Internal Use Only:
EV review: _____   RHC review: _____