

PART E

Annual Owner Certification (AOC) Report

PROPERTY PRIMARY POINT OF CONTACT*(For seamless communication, be sure to update this form as changes occur.)***Effective Date:****PROPERTY INFORMATION**

Property Name		Project Number	
Property Address		Property Phone Number	
Onsite Manager		Onsite Manager Number	
Email			

OWNER INFORMATION

Owner Name		Tax ID Number	
Entity Name			
Office Phone Number		Mobile Number	
Email			
Mailing Address			
Primary Owner Contact:			

MANAGEMENT COMPANY

Entity Name		Tax ID Number	
Primary Contact Name*		Title/Capacity	
Email		Office Phone Number	
Mailing Address			

**This contact will be the individual listed in compliance database deemed authorized to receive communication (cc) from the Department. ONLY ONE PERSON, PER MANAGEMENT CO. ALLOWED.*

ON-SITE CONTACT INFORMATION

On-Site Contact		Mobile Number	
Email			

PARTNERS/DIRECTORS			
Person/Entity		Title/Capacity	
Tax ID Number		Ownership Percentage	
Email			
Person/Entity		Title/Capacity	
Tax ID Number		Ownership Percentage	
Email			
Person/Entity		Title/Capacity	
Tax ID Number		Ownership Percentage	
Email			

AUTHORIZED SIGNATORY*				
(The person(s) listed here will be allowed to sign standard compliance audit reports on behalf of the ownership entity listed above. The owner of record will remain the person responsible for executing annual certification reports and essential compliance documents.)				
Person/Entity*	Title	Contact Number	Tax ID Number	Ownership Percentage

*Person/Entity must be listed in official (e.g. Bylaws, Operating Agreement, Minutes, Certificate of Resolution, Etc.) records confirming authorization.

Printed Name:

Signature:

Title:

Date: