

Dear Industry Partners,

HUD Multifamily West Region, San Francisco Asset Management Division is conducting an Owner and Management Agent Point of Contact data clean up.

Please submit the completed form with up to date information to SF.incoming@hud.gov with "CONTACT UPDATE" in the subject field.

Please note that the below is a replica of the contact fields that we have available to us in our Real Estate Management system, iRems. The **highlighted sections are data that is pulled from APPS**. No HUD representative can update these sections. The responsible person for APPS data management at your organization must make those updates in APPS.

You can find more information about managing data in APPS here:

https://www.hud.gov/program\_offices/housing/mfh/apps/appsmfhm

Please also note that <u>**HUD cannot accept a P.O. Box as an address</u></u>. If you have submitted a P.O. Box as the address in the past, please update this information with a different address. Should you have questions about this, please contact your assigned Account Executive.</u>** 

This information is essential for HUD's efforts to provide you with good customer service.

We appreciate your participation.

Should you have any questions, please contact you assigned Account Executive. You can locate your assigned Account Executive here:

https://www.hud.gov/states/shared/working/west/mf/ownmgmt/ae

## **Owner/Agent Contact Form**

<b>PROJECT NAME:</b>	
PROJECT NO:	

OWNER			
This information must be updated in APPS.			
<b>OWNER NAME: IE PARTNERSHIP, CORP</b>			
STREET ADDRESS OF OWNER:			
CITY, STATE, ZIP CODE:			
PHONE NUMBER:			
E-MAIL ADDRESS:			

OWNER CONTACT		
<b>OWNER CONTACT NAME: (INDIVIDUAL)</b>		
STREET ADDRESS OF OWNER CONTACT:		
CITY, STATE, ZIP CODE:		
PHONE NUMBER:		
E-MAIL ADDRESS:		

CURRENT MANAGEMENT AGENT DETAIL This information MUST be updated in APPS.				
MANAGEMENT NAME: IE PARTNERSHIP, CORP				
STREET ADDRESS OF MANAGEMENT:				
CITY, STATE, ZIP CODE:				
PHONE NUMBER:				
E-MAIL ADDRESS:				
MANAGEMENT AGENT REGIONAL OF	FICE CONTACT			
NAME OF REGIONAL OFFICE CONTACT:				
TITLE:				
STREET ADDRESS OF REGIONAL CONTACT:				
CITY, STATE, ZIP CODE:				
PHONE NUMBER:				
CELL PHONE:				
E-MAIL ADDRESS:				
MANAGEMENT AGENT CONTACT				
MANAGEMENT AGENT CONTACT NAME:				
TITLE:				
STREET ADDRESS OF AGENT CONTACT:				
CITY, STATE, ZIP CODE:				
PHONE NUMBER:				
CELL PHONE:				
E-MAIL ADDRESS:				
MANAGEMENT AGENT SITE MA	NAGER			
NAME OF SITE MANAGER:				
TITLE:				
STREET ADDRESS OF PROPERTY:				
CITY, STATE, ZIP CODE:				
PHONE NUMBER:				
CELL PHONE:				
E-MAIL ADDRESS (IF ANY)				
RENTAL INQUIRIES CONTACT				
If Rental Inquiries Contact is the same as any above, please s	pecify. If not, fill out the below.			
CONTACT SAME AS ABOVE (Y or N):				
NAME:				
TITLE:				
STREET:				
CITY, STATE, ZIP CODE:				
PHONE NUMBER:				
CELL PHONE:				
E-MAIL ADDRESS:				