

**PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU PLAN TO HAVE YOUR  
MANAGEMENT COMPANY COMPLETE THE DATA COLLECTION INFORMATION**

**Project Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Sponsor/Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Sponsor/Owner Contact Person:** \_\_\_\_\_

**Management Company Name:** \_\_\_\_\_

**Address (main office location):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Management Company Contact Person\*:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit to:**

**Department of Housing and Community Development  
100 Cambridge Street, Suite 300  
Boston, MA 02114  
Attn: Francia Nova**

**\*The contact person for the management company should be the senior person within the organization who will be responsible for assigning staff within the company to complete the data collection.**