

**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** _____

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.**