SPONSORS/ONWERS: PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU PLAN TO HAVE YOUR MANAGEMENT COMPANY SUBMIT DATA COLLECTION REPORTS ON YOUR RELIAL E (rice Approal Penetral Penetral

YOUR BEHALF (via Annual Rental Report - Sponsor (hedhsgdevannualreport.azurewebsites.net))

Project Name:			
Project Address:			
City:	State:	Zip Code:	_
Sponsor/Owner Name:			
Sponsor/Owner Address:_			
City:	State:	Zip Code	_
Sponsor/Owner Contact P	erson:		
Management Company Na	me:		
Management Company Ad	dress (main office locat	ion):	
City:	State: Zip	Code:	
Telephone Number:			
Management Company Co	ntact Person*:		
Email Address:			
Owner's Signature:			
Date:			
Please submit to:			

Executive Office of Housing and Livable Communities 100 Cambridge Street, Suite 300 Boston, MA 02114

Attn: Francia Nova

Email: Francia.Nova@mass.gov; eohlcdatacollection@mass.gov

*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.