

VERIFICATION OF INFORMATION

Please provide us with updated information for your file – Thank you.

Date of Update: _____

PROPERTY INFORMATION:

Property Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Multiple Complexes? Y N # _____

Number of Set Asides: VLI _____ LI _____ Total _____

Annual Billing @ \$65 each unit: _____

Link webpage to PRC's webpage? Y N

Is property handicapped accessible? Y N

Report Due Date: _____

Fees Due: _____

BILLING INFORMATION:

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

OWNERSHIP INFORMATION:

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

SITE MANAGEMENT INFORMATION:

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

I verify that the above information is current and I am aware that it is our responsibility to inform PRC of any changes.

Authorized Representative - Print Name

Signature

Date

| | | |
|-----------------------------|-------------|----------------|
| For office Use only: | | |
| Enter QB: _____ | File: _____ | Website: _____ |