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VERIFICATION OF INFORMATION

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

REOM/BIN/ID Property#: _____ LURA TERM: _____

PROPERTY INFORMATION:

Property Name: _____
Property Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Website: _____ Link webpage to PRC’s webpage? Y N
Multiple complexes? Y N # _____ Is property handicapped accessible? Y N
Number of Set Asides: VLI _____ LI _____ Total _____ Report Due Date: _____ Period: _____
Annual Billing @ \$65 each unit: _____ 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 PRC use only:
Enter QB: _____ File: _____ Website: _____
G-Contacts Updated: _____