



Department of  
Housing Preservation  
& Development  
nyc.gov/hpd

# LIHTC & HOME 2017 CONTACT FORM

Please provide answers to all the fields below. If a question is not applicable, please indicate this by placing N/A in the area provided. This form must be returned with your Annual Owner Certification Submission.

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

Syndicator: \_\_\_\_\_

Syndicator Contact  
Person (If Known): \_\_\_\_\_

Owner Name \_\_\_\_\_

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

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**If your Project employs an independent Management Company please complete the section below.**

Managing Agent \_\_\_\_\_

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

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If you are completing this form to indicate a change of address or other contact information previously provided with the Annual Owner's Certification submission, please mail to:

NYC DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT  
100 Gold Street, Room 7-X2  
New York, NY 10038  
Att: John Cullinan



Printed on paper containing 30% post-consumer material.