



Development Name	MSHDA #	LIHTC #	Development Address	City	Zip	Phone	Fax	E-Mail	On-Site Mgr. Name	Files located on-site Y/N

**Off-Site File Information:**

Development Name	MSHDA #	LIHTC #	Off-Site File Address	City	Zip	Phone	Fax	E-Mail	Mgr. Name

**Form Completed by:**

<b>Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Date:</b>	

I would like a MSHDA Compliance Staff member to contact me: (Complete this section **only** if you want MSHDA Compliance to contact you)

<b>Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Issue(s):</b>	