

VERIFICATION OF INFORMATION (VOI)

SUBMIT AN UPDATED VOI WITH ANNUAL REPORT AND WHEN THERE IS A CHANGE IN OWNERSHIP/MANAGEMENT

PROPERTY INFORMATION

Property Name: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ E-mail: _____ Website: _____

LURA Term: _____ Reporting Period: 01/01 – 12/31 Due: **01/31 Each Year**

Number of Set Asides: VLI _____ LI _____ Total _____ Total # of Units on Property: _____

BILLING INFORMATION

FEEES

Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Annual Monitoring Fees \$80/Set Aside /Amount: _____ Due Date: **01/15 Each Year**

OWNERSHIP INFORMATION

MUST BE DIRECT CONTACT INFO FOR OWNER AS REQUIRED BY LURA

Company: _____ Owner Name /Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SITE MANAGEMENT INFORMATION

AUTHORIZED AGENT/STAFF

Management Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Name: _____ Title: _____ Phone: _____ E-mail: _____

Name: _____ Title: _____ Phone: _____ E-mail: _____

Name: _____ Title: _____ Phone: _____ 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
ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED**

Owner / Authorized Representative PRINT NAME

Owner / Authorized Representative SIGNATURE DATE

FOR PRC USE ONLY			
Date Filed		Enter QB	
Housing List		G-Contacts	