

PROPERTY PROFILE FORM

You must complete this form in its entirety. Do not include any other reports from your software vendor as a substitute for this form. PLEASE TYPE OR PRINT LEGIBLY. Illegible data will delay the setup for your property. **Please verify that the Property Name specified in this form and the information on your Voucher and 50059's are the same.**

PROPERTY INFORMATION:

Property Name:	
Property Address:	
State/County:	
Property Phone #:	
Property FAX #:	
E-mail Address:	
Total # of units in property:	
Bedroom Configuration:	# of 1 Bdm: ___ 2 Bdm. ___ 3 Bdm: ___ 4 Bdm: ___ Other: ___
Current Rents:	1 Bdm: ___ 2 Bdm. ___ 3 Bdm: ___ 4 Bdm: ___ Other: ___

SECTION 8 CONTRACT INFORMATION:

Section 8 Contract Number:	
Number of Units in the Contract:	
Type of Section 8:	
FHA or EHA Number:	
Employer ID Number:	
HAP Agreement Signed on:	
HAP Agreement effective on:	

Type of Contract: (check one) Family Handicap Other

TRACS INFORMATION:

Your TRACS Mailbox ID #:	
TRACS Software Name and Vendor:	

ON-SITE/OCCUPANCY MANAGER INFORMATION:

Name:	
Title:	
Does this person receive paid housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit #: (If a non-income producing unit)	
Phone #:	

HUD OR CONTRACT ADMINISTRATOR

Name of Agency:	
Address:	
Phone Number:	
Contact Person:	

MANAGEMENT AGENT INFORMATION:

Name of Managing Agent:	
Address:	
Contact Person:	
Phone #:	
E-mail Address:	
Fax #:	

OWNER INFORMATION:

Name of Owner:	
Address:	
Phone #:	

BANK INFORMATION:

Name of Bank:	
Address:	
Account No.	
ABA Routing No:	

CONTACT PERSON INFORMATION

This is the person we should contact for information or answers regarding TRACS, TENANT CERTIFICATIONS, VOUCHER QUESTIONS or any questions about information on this form.

Name:	
Title:	
Phone #:	
Fax #:	
E-mail Address:	

NAME AND ADDRESS TO SEND OUR INVOICES

Name/Title:	
Address:	
Phone Number:	

THANK YOU!
Able Real Estate Services, Inc

