**Exhibit C.1**

**Owner/Management Contact Information Form**

***This form must be submitted as changes occur. Do not leave any blanks even if there are no changes.***

| Property Name: |  |
| --- | --- |

| Address: |  | City/State: |  | Zip Code: |  |
| --- | --- | --- | --- | --- | --- |

| Phone # |  | Fax # |  | County: |  |
| --- | --- | --- | --- | --- | --- |

| On Site Manager: |  | Email Address: |  |
| --- | --- | --- | --- |

| Property and Property Management information to be filled out by the Property Management Company |
| --- |

| Is this a change in Property Management? | Yes |  | No |  | Effective Date: |  |
| --- | --- | --- | --- | --- | --- | --- |

| Property Management Company: |  |
| --- | --- |

| **Tax ID #** |  | ***(Tax ID # to be Management Company’s for COL Reporting)*** |
| --- | --- | --- |

| Address: |  | City/State: |  | Zip Code: |  |
| --- | --- | --- | --- | --- | --- |

| Contact Name: |  | Email Address: |  |
| --- | --- | --- | --- |

| Phone # |  | Fax # |  |
| --- | --- | --- | --- |

| Project Partnership Information to be filled out by Owner/Managing General Partner |
| --- |

| Is this a change in Ownership? | Yes |  | No |  | Effective Date: |  |
| --- | --- | --- | --- | --- | --- | --- |

| Project Partnership Name: |  |
| --- | --- |

| Managing General Partner Name: |  |
| --- | --- |

| **Tax ID #** |  |  |
| --- | --- | --- |

| Address: |  | City/State: |  | Zip Code: |  |
| --- | --- | --- | --- | --- | --- |

| Contact Name: |  | Email Address: |  |
| --- | --- | --- | --- |

| Phone # |  | Fax # |  |
| --- | --- | --- | --- |

| Please list up to three contacts below that to receive NHD correspondence.  Include the name, address, phone number and email address.  Or include any additional information or comments. |
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| **Owner/Managing General Partner Signature** | **Date** |
| --- | --- |

It is the responsibility of the above named individual to insure distribution to any and all applicable parties.