**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. |
| --- |

|       |
| --- |

|       |
| --- |

|       |
| --- |

|       |
| --- |

| **Owner/Managing General Partner Signature** | **Date** |
| --- | --- |

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