

Arizona Department of Housing Contact Sheet

Development Team						
	Project Name:	Date:				
Applican	nt					
Name Agency Address		Phone Fax Fed ID # E-mail Address	☐ Individual ☐ Corporation ☐ Limited Partnership			
City	State Zip		☐ Limited Liability Company ☐ Other (Specify Separately)			
List below all	ll <u>owners, officers and affiliates</u> of the Applicant , with Controlling Interest or percended with the controlling Interest or percentage with the controlling Interes	ntages of equity.		%		
Owner	70			70		
Name Agency Address	State Zip	Phone Fax Fed ID # E-mail Address	☐ Individual ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ Other (Specify Separately)			
List below all	Il <u>owners, officers and affiliates</u> of the Owner , with Controlling Interest or percentage with Controlling Interest or pe	ges of equity.		%		
General	Partner or Managing Member					
Name Agency Address		Phone Fax Fed ID # E-mail Address	☐ Individual ☐ Corporation ☐ Limited Partnership			
City	State Zip	E-man Address	☐ Limited Liability Company ☐ Other (Specify Separately)			
List below all	ll <u>owners, officers and affiliates</u> of the General Partner of Managing Member, with %	Controlling Interest or percentages of equity.		%		
Develop						
Name Agency Address	State Zip	Phone Fax E-mail Address	☐ Individual ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ Other (Specify Separately)			
List below all	ll <u>owners, officers and affiliates</u> of the Developer , with Controlling Interest or perce % %	ntages of equity.		%		
Co-Deve	eloper					
Name Agency Address		Phone Fax E-mail Address	☐ Individual ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company			
City	State Zip		Other (Specify Separately)			
List below all	ll <u>owners, officers and affiliates</u> of the Co-Developer , with Controlling Interest or po	ercentages or equity.		%		



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	Project Name:	Date:			
Management Company					
Name		Phone	Individual		
Agency		Fax	Corporation		
Address			Limited Partnership		
		E-mail Address	Limited Liability Company		
City	State Zip		Other (Specify Separately)		
Syndicator					
Name		Phone	☐ Individual		
Agency		Fax	Corporation		
Address			Limited Partnership		
		E-mail Address	Limited Liability Company		
City	State Zip		Other (Specify Separately)		