

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
COMPLIANCE DIVISION/ ATTN: ELECTRONIC REPORTING

PO Box 13941 Austin, Texas 78711-3941
(512) 475-3926 or Toll-free in Texas (800) 643-8204
www.tdhca.state.tx.us

OWNER'S DESIGNATION OF ADMINISTRATOR OF ACCOUNTS

To be completed by the Owner to designate the Administrator of Accounts for the property(ies) owned. This form must be used for both initial designation and ongoing changes.

I declare that I am authorized to make this Administrator of Accounts Designation and I entrust the Administrator of Accounts to: assign and control access rights to all property and tenant information entered to the Compliance Monitoring and Tracking System, and to allow access only to those select individuals who are responsible for the information required by the Compliance Division. I also entrust the Administrator of Accounts to establish security policy and procedure to protect those access rights and the integrity of the data, and to ensure compliance with the agreements/procedures specified in the Filing Agreement and the Owner Authorization Process & ID and Password Procedure documents, and any other requirements of the Compliance Division related to electronic reporting.

1. **Check one:** Initial Delegation Change

2. **Complete the following--please print.** *Note: Enter "myself" for the "Name of Administrator of Accounts," if applicable.*

I, _____ designate _____ as
Name of Owner or Owner's Contact *Name of Administrator of Accounts*

Administrator of Accounts for _____ as of _____
Name of Property *Effective Date*

Designate File Number(s) as applicable for this property:

LIHTC # _____ HOME # _____ AHDP # _____

HTF # _____ BOND # _____

Note: For additional properties, complete the above information for each property and attach to this Agreement.

3. **Complete the following for the Administrator of Accounts--please print:**

Name: _____ Social Security # _____

Organization _____ Org.Taxpayer ID _____

Title or
Role in Organization: _____ Phone: _____

Address: _____ E-Mail: _____

_____ Fax: _____

4. **Complete the directives below:**

I would like the Administrator of Accounts ID and Password documentation: E-MAILED MAILED FAXED

To: MYSELF as Owner or Owner Contact Administrator of Accounts

5. **Please sign:**

Signature of Owner

Date

Signature of Administrator of Accounts

Date