

LOUISIANA HOUSING CORPORATION

HOUSING ASSISTANCE PAYMENT VOUCHER CONTACT INFORMATION

(PLEASE TYPE – DO NOT HANDWRITE)

Please provide the names and email addresses of staff that you wish to receive the monthly voucher Adjustment Reports. At least one contact must be an ownership contact. The Adjustment Reports will no longer be sent via United States Postal Service.

Property Information:

_____ Property Name	_____ Contract Number
_____ Owner Contact Name	_____ Owner E-Mail Address
_____ Name	_____ E-Mail Address
_____ Name	_____ E-Mail Address

I hereby certify that the following names listed above may receive the Voucher Adjustment Reports in addition to the ownership:

Owner Printed Name

Owner Signature

Date