

R.E.M.S. (Real Estate Management System) Verification of Critical Elements

To comply with the R.E.M.S. Verification of Critical Elements, provide the following information on Owner letterhead, signed and dated:

Project Name: _____

Project Number: _____

OWNER INFORMATION

Owner Organization:

TaxID/TIN/SSN:

Address:

Main Phone:

City/State/Zip

Fax:

OWNER CONTACT INFORMATION

Owner:

(Name/Title of Individual Heading Owner Organization)

Soc. Sec. No.:

Address:

Main Phone:

City/State/Zip:

Fax:

MANAGEMENT AGENT INFORMATION

Management Agent Organization:

TaxID/TIN/SSN:

Address:

Main Phone:

City/State/Zip

Fax:

MANAGEMENT AGENT CONTACT INFORMATION

Management Agent:

(Name/Title of Individual Heading Management Agent Organization)

Soc. Sec. No.:

Address:

Main Phone:

City/State/Zip:

Fax:

SIGNATURE AND DATE:

**NOTE: PLEASE INDICATE THE SEPARATE ADDRESS FOR THE OWNER.
DO NOT USE THE c/o Management Agent's address for the Owner.**