



WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY CONTACT LIST

Development Name _____ **Development #** _____

Please provide the name, title, address, phone and fax numbers and email address of the person responsible for:

Management and Physical Inspections

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____

Quarterly Reporting (Occupancy Report [WHEDA_{SM} Form 900] and Profit and Loss [WHEDA Form 800])

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____

Budget

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____

Real Estate Taxes

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____

Occupancy Specialist

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____

HAP Adjustments (Section 8 projects only)

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____

Insurance (For those project for which WHEDA escrows for insurance)

Name: _____ Title _____
Address: _____ Phone: _____ Fax: _____
City, State, ZIP: _____ Email Address: _____