

## CONTRACT MANAGEMENT SERVICES

A Division of Bremerton Housing Authority

## **Owner / Agent Questionnaire**

Please complete and return to:
Contract Management Services

Vouchers@cms-results.com

	HAP
Property Name:	Contract Number:
Owner	
Company/Owner Name:	Phone:
Owner's DUNS Number:	Owner's TIN Number:
Parent DUNS Number (if applicable):	Parent TIN Number (if applicable):
Mailing Address: (Please do not use Management Company address unless owner-managed)	
	Email Address:
Contact Name:	Liliali Address.
Management Company	
. ,	Phone:
Company Name:	
Mailing Address:	
	Email Address:
Contact Name:	
Property Site	
Company Name:	Phone:
Site Address:	County:
Mailing Address (if different from Site Address):	
	Email Address:
Contact Name:	
Your TRACS Mail Address	
TRACS Mail Address:  (Provide address used to submit electronic tenant and voucher files. Example: TRACM#####)	
TRACS Contact (Owner-authorized agent to transmit vouchers and tenant files through TRACS)	
TITAGO GOTTAGE (Owner-authorized agent to transmit vouchers at	Phone:
Company Name:	Priorie.
Contact Name:	
Email Address:	
Mailing Address:	



