**ATTACHMENT 3: RESPONDENT DESCRIPTION**

***(Note: add contact information for every entity for which you submit a Minimum Qualification Form 4)***

**A1. Developer Information**

|  |  |
| --- | --- |
| Name of Lead Developer:  |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact person: |  |
| Phone/email address: |  |

**A2. Co-Developer Information (if applicable)**

|  |  |
| --- | --- |
| Name of Co-Developer:  |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact person: |  |
| Phone/email address: |  |

**A3. Development Consultant Information (if applicable – same as entity named in Form 4.1)**

|  |  |
| --- | --- |
| Name of Co-Developer:  |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact person: |  |
| Phone/email address: |  |

**B. Owner Information (if different than above)**

|  |  |
| --- | --- |
| Name of Owner:  |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact person: |  |
| Phone/email address: |  |

**C1. Property Manager Information**

|  |  |
| --- | --- |
| Name of Management Company: |  |
| Address: |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact Person: |  |
| Phone/email address: |  |

**C2. Formerly Homeless Building Property Manager Information**

|  |  |
| --- | --- |
| Name of Management Company: |  |
| Address: |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact Person: |  |
| Phone/email address: |  |

**D1. Service Provider Information**

|  |  |
| --- | --- |
| Name of Service Provider: |  |
| Address: |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact Person: |  |
| Phone/email address: |  |

**D2. Formerly Homeless Service Provider Information**

|  |  |
| --- | --- |
| Name of Service Provider: |  |
| Address: |  |
| Director: |  |
| Phone/email address: |  |
| Primary Contact Person: |  |
| Phone/email address: |  |