

## TRACSMail Id Request and Registration Form

The purpose of this form is to request a new TRACSMail ID. This TRACSMail ID is to be used for the exclusive purpose of submitting Voucher and Tenant data.

When completing this form please be thorough in answering all questions, as this will help us to quickly process your request. Once your request has been received and your new account has been created we will send your TRACSMail ID and password to the fax number you provide.

The TRACSMail ID is for the exclusive use of the Contract Administrator or Organization in which it is registered. This TRACSMail ID is not to be used or moved to other Contract Administrators or Organizations that it was not registered under. You may use a single TRACSMail ID to submit for multiple properties, however all properties must be registered under the original Contract Administrator or Organization. A separate ID is not required for each property within your organization.

As an added measure of account security we now require that Supervisor and Site Manager signatures be completed on the form as well. This is to help ensure that the requesting Contract Administrator or Organization has authorized this TRACSMail ID request for use. We are also requiring that all requests for password resets and account updates or changes be received via email from the original requester, requesters' supervisor and/or the site manager. For verification purposes the email must contain the following: Organization Name, Street Address, CA ID (if applicable), Contract/Project Number, telephone number and the property subsidy type. Please send all email requests to: TRACS HOTLINE@HUD.GOV

If you have any questions please contact the Multi-Family Helpdesk at 800-767-7588



## IHDA COMPLIANCE TRAINING TEMPLATE

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Complete and fax this form to the Multi-Family Helpdesk at 202-401-7984

If you are a Contract Administrator please complete Section I only.	
Section I -	- Contract Administrator (CA)
Requester Name:	Organization Name:
Organization Address:	
Telephone Number:	Fax Number:
Requesters Email Address:	CA ID:
Requesters Birth date (MM/DD):	(Used for password reset verification)
Supervisor Name:	
	Date: NFORMATION-SECTION 11
OWNER/AGENT'S II	NFORMATION-SECTION 11
Complete Section II if you are	not or do not have a Contract Administrator (CA)
	Section II – User
Name of user responsible for submitti	ng to TRACS:
Site Manager Name:	Birth date (MM/DD):/
Telephone Number:	Email Address:
Property or Organization Name:	
	Property Fax Number:
Property or Organization Subsidy type	e: Section 811 PRA
Property or Organizations Contract / F	Project Number: RAC/ARAC #
Site Manager Signature:	Date:
Complete Section III	only if you have a Contract Administrator
Section III – Pro	operty Contract Administrator (CA)
CA Name: Lydia Olmeda	CA Organization Name: Illinois Housing Dev. Authorit
CA Organization Address:111 E.	Wacker Drive, Suite 1000, Chicago, IL 60601
CA Telephone Number: (312) 836	-5289 CA Fax Number: <u>312-832-2162</u>
CA Fmail Address: lolmeda@ihd	TRACM19598