Exhibit F Compliance Monitoring Information Sheet



This form is to be submitted to IFA when an owner or management company contact has changed or if any information regarding the best method to contact each entity has been updated. IFA will not update contact information until this form has been submitted.

Project Name:			Project #:	
Physical Addres	ss:			
City:			Zip Code:	
Owner Name:				
Owner Contact:				
Mailing Address	:	T	1	
City:		State:	Zip Code:	
Contact Phone:		E-mail:		
Owner Tax ID #:				
Management Co).:			
Mgmt. Contact:				
Mailing Address	S :	T		
City:		State:	Zip Code:	
Contact Phone:		E-mail:		
Mgmt. Co. Tax ID #:				
I certify that I am a information is true	authorized to sign on behalf and correct.	f of the Projec	t Owner and that the abov	e
Signature:		Date:		
Title:				
Please return to:	Iowa Finance Authority Attn: Tim Morlan, Asset Management Director 1963 Bell Ave, Ste 200 Des Moines, IA 50315			
Or email to:	tim.morlan@iowafinance.com			