

Multi-Family Partnership Program

Program Enrollment Form



Please fill out this form carefully and completely. Incomplete forms will not be processed.

Change of Ownership: The previous owner was enrolled in MPP and this form is being submitted within 10 business days of the date of sale. Proof of date of sale will be required. Deposits will be assessed in accordance with City of Austin Utility Service Regulations.	New Enrollment: The property is not currently enrolled in the MPP program, or more than 10 days have passed since the property was purchased. The owner will be assessed an enrollment fee of \$20.00 per unit being enrolled. Deposits will be assessed in accordance with City of Austin Utility Service Regulations.
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Owner's Legal Name :	Date:
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Owner's Federal Tax ID:

Property Name:

Number of Apartment Units:	Effective date of sale (if Applicable):
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Service Address (The address where power is being provided):

Billing Address (The address where bills are to be mailed):

Indicate Business Type Below (Please check all that apply below)	Include copies of the following documentation for each business type (Please check the documentation that you are providing)
Sole Proprietorship, or General Partnership	Social Security Number Copy of Drivers License
Limited Partnership, Corporation, Limited Liability Partnership, Limited Liability Company, or Non-Profit Corporation	Federal Tax Identification Number Copy of SS4 or 1120 Form
If this is a change of ownership the following must be included	Proof of Date of Sale
If this property is managed by anyone other than the owner the following must be included.	First page and signature page of the Management Agreement

Primary Contact For The Property (This should be the person handling the day to day operations of the property)

Name of Contact:

Contact Phone Number:	Contact FAX Number:
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Contact Mailing Address:

Contact Email:

Secondary Contact Information. (Listed below will have access to account information)

Agent #1 (Primary):	Phone Number:
Agent #2:	Phone Number:
Agent #3:	Phone Number:

Signature of Primary Agent/Owner:

Printed Name of Agent/Owner:

Title:	Date:
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