

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



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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: Supervisor Signature: _____ Date: _____ Complete Section II if you are not or do not have a Contract Administrator (CA) Section II – User Name of user responsible for submitting to TRACS: Site Manager Name: ______ Birth date (MM/DD): / Telephone Number: Email Address: Property or Organization Name: Property or Organization Address: Property Telephone Number: _____ Property Fax Number: _____ Property or Organization Subsidy type: Property or Organizations Contract / Project Number: Site Manager Signature: Date: Complete Section III only if you have a Contract Administrator **Section III – Property Contract Administrator (CA)** CA Name: CA Organization Name: CA Organization Address: CA Telephone Number: _____ CA Fax Number: _____

CA Email Address: _____CA ID: _____