



Notice of Change in System Contact Access to the Compliance Portal Compliance Monitoring

Send completed form to:
Michigan State Housing Development Authority
Compliance Monitoring – Asset Management
mshdacompli@michigan.gov

OPIC = Owners Physical Inspection Certification
CARS = Certification Audit Response System
Owner Cert = Annual Owner Certification

Indicate Type of Change and Effective Date: (check all that apply)

System	Remove	Add	Effective Date	Comments
OPIC	<input type="checkbox"/>	<input type="checkbox"/>		
CARS	<input type="checkbox"/>	<input type="checkbox"/>		
Owner Cert	<input type="checkbox"/>	<input type="checkbox"/>		

Property Information: (all fields required)

Development Name:	
MSHDA #:	
Development City:	

Contact Information: (all fields required)

Contact Name:	
Company Name:	
Street Address:	
City, State, Zip:	
Phone #	
Fax:	
Email:	

Signature of Authorized Representative: _____

Title: _____ Date: _____

Print name of person signing: _____