**Texas Department of Housing and Community Affairs**

Compliance Monitoring and Tracking System (CMTS) Filing Agreement

This is an agreement between the Texas Department of Housing and Community Affairs and the affordable housing property Owner to facilitate compliance with requirements established through existing laws, regulations, and Department policy.

In accordance with 10 Tex. Admin. Code §10.602 (Notice to Owners and Corrective Action Periods) and 10 Tex. Admin. Code §1.22 (Providing Contact Information to the Department), the Owner is responsible for providing the Department with full, accurate, and complete contact information. The Department will rely solely on the information supplied by the Owner in CMTS to meet notification requirements. Owner agrees to ensure such information is full, accurate, and complete. Further, the Owner agrees to update CMTS with any changes in contact information (including contact persons, physical addresses, mailing addresses, email addresses, phone numbers, and/or the name of the property as known by the public) for the Ownership entity, management company, and/or Development within ten (10) days of the change.

The Owner acknowledges that correspondence from the Department may be directly uploaded to the property's CMTS account using the secure electronic document attachment system (<http://www.tdhca.state.tx.us/pmcdocs/CMTSUserGuide-AttachingDocs.pdf>) rather than sending correspondence by mail, and that all responses from Owner are required to be uploaded to that system unless otherwise specifically directed in writing by the Compliance Division.

An authorized representative of the Owner must sign this Agreement. The signature of the Owner on this Agreement is deemed to appear on all electronically filed Compliance Reports as if actually so appearing, including, without limitation, all forms filed electronically by any property management employee or any other independent, third-party contractor. Owner acknowledges that all information submitted in an electronically filed Compliance Report must be accurate, and that property management employees or any third-party contractor completing those reports must have sufficient knowledge and access to all applicable information in order to file an accurate report.

This Agreement is effective as of the latest date specified below and remains effective until terminated by written notification from either party.

HOWEVER, if there is a transfer of ownership or change in the Management Company, the new or existing Owner must submit an updated Filing Agreement within ten (10) days of the change. Accounts that are inactive or for whom the assigned Administrator of Accounts is no longer employed with the Management Company/Ownership will be deactivated.

This Agreement may be amended at any time by the execution of a written addendum to this Agreement by the Owner and the Texas Department of Housing and Community Affairs.

**Initial Contact Information:**

|  |  |
| --- | --- |
| Property Name:       | CMTS ID:       |
| Property Address:       | City and Zip Code:       |
| Owner Organization:       | Name of Owner Representative:       |
| Role of Owner Representative:       | Owner Representative Email:       |

**Administrator of Accounts Designation:**

I declare that I am authorized to make this Administrator of Accounts Designation and I entrust the Administrator of Accounts to: assign and control access rights to all property and tenant information entered into CMTS, and to allow access only to those select individuals who are responsible for the information required by the Compliance Division. I also entrust the Administrator of Accounts to establish security policy and procedure to protect those access rights and the integrity of the data, and to ensure compliance with the agreements/procedures specified in this Agreement, and any other requirements of the Compliance Division related to electronic reporting.

I, owner representative       designate       as the Administrator of Accounts for the above referenced property as of the date of this Agreement.

|  |
| --- |
| Administrator Contact Name:       |
| Administrator Contact Email:       |
| Administrator Contact Organization:       |

When is the effective date of the change?       (Please note this agreement will not be processed before this date)

Reason for Filing Agreement submission (check all that apply):

[ ]  Ownership change (Per 10TAC…10 days to change info in CMTS)

[ ]  Management Company change (Per 10TAC…10 days to change info in CMTS)

[ ]  Addition of a 3rd party consultant

[ ]  Adding access for additional owner/management company staff

[ ]  Other reason

Is this individual currently serving as an Administrator of Accounts for another property in the TDHCA portfolio? [ ]  Yes [ ]  No If yes, enter existing username here:

This process will provide you with two (2) levels of access. The first will be assigned to the Administrator of Accounts and will begin with “adm” and the second is for the property manager and will begin with “mgr.”

Would you like a separate login for the owner (if applicable but not required)? [ ]  Yes [ ]  No If yes, enter existing username here:

If an Administrator(s) of Accounts is currently assigned to the property, would you like to replace them with the Administrator of Accounts designated above (**see below**)? [ ]  Yes [ ]  No

**\* It is the owner’s responsibility to know who the CMTS administrators are.  If above box is checked yes and there are multiple CMTS Administrators of Accounts assigned to the development, all will be removed unless specified below which administrator(s) should remain. (*if blank below all administrators will automatically be removed*):**

The default is to replace the previous Administrator of Accounts with the new individual designated above. By answering “no,” you are indicating you wish to add an additional Administrator of Accounts besides the individual currently assigned. Please note, this Filing Agreement does not automatically enroll you to receive email notifications when correspondence has been uploaded into CMTS. Please contact cmts.requests@tdhca.texas.gov for further details.

SIGNED on the date indicated below.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Owner | Date |
|  |  |  |
| Signature of Administrator of Accounts | Date |

**Please complete and return this form to** **cmts.requests@tdhca.texas.gov** **and allow for three (3) to five (5) business days to process.**

**For TDHCA Internal Use Only**

Filing Agreement Processed By: on

811 Participant? [ ]  Yes [ ]  No

811 Team Notified of Change? [ ]  Yes [ ]  No *[ ]* N/A