



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



TRACSMail Id Request and Registration Form

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: _____