MaineHousing

WTC (WCMS) Application

System Authorization Form

Date:

Owner/Management Company Name:

Employee Name:

Employee Title:

Employee Direct E-mail Address:

Employee Direct Telephone Number:

Is this employee replacing a current user:  YES  NO

If YES, please give name of user you would like to disable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list properties wish this employee to access.

**Important: When WTC (WCMS) System Access is no longer needed, please e-mail LIHTC@mainehousing.org at MaineHousing to disable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User Signature

Form must be signed by a representative of the owner or management agent who is authorized to designate access to confidential tenant information, and also by the person accessing the system.

**Please email form to LIHTC@mainehousing.org**