



Affordable Housing Association of Indiana
LIHTC Attorney Approved Lease Generation Software
PURCHASE ORDER FORM

Note: Complete the PROJECT INFORMATION SHEET for each project included in this software purchase.

The following Affordable Housing Association of Indiana Member has purchased the USDA/RD Approved Lease Generation Software.

Date Purchased: _____

Member's Name: _____

Mailing Address: _____

City, State, Zip: _____

Total No. of Projects that will be preloaded into their software: _____ (Section A + B)

The following section A & B will be used by AHA of Indiana for billing purposes. The information will also be used by Simply Computer Software, Inc. to determine the number of CD-ROM's to be shipped to each project and/or the number for a group of projects at a central computer location.

A. The following projects require one (1) CD-ROM to be used on a specific project at site location.

Number of Projects: _____

(Attach a separate list of all projects to receive a single CD-ROM indicating Project Names, Address, City, State, Zip, and number of units)

B. The following project's require only one (1) CD-ROM to be used by multiple projects from a central computer location and will provide the operator with a project selection option to print forms.

Number of Projects by centralized grouping: _____

(Attach a list by grouping of all projects to be served from a centralized computer location indicating Project Names, Address, City, State, Zip, and Number of Units).

BILL TO:

Project/Company: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Payment Information (Please check one) BILL MY ACCOUNT CHECK ENCLOSED

PO# (If applicable): _____ Make checks payable to: Affordable Housing Association of Indiana

Return to: AHAIN 8103 E US Highway 36, Suite 277 Avon, IN 46123 Phone: 317-210-0053



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PROJECT INFORMATION SHEET

The following information is required for each project that will be included in the lease generation software package distributed. Program information is pre-loaded and then shipped with the installation CD-ROM.

Date: _____

SHIP TO:

Contact Person: _____

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PROJECT'S PHYSICAL ADDRESS: Total Number of Units: _____

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PROJECT'S MAILING ADDRESS:

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

_____ Fax: _____ Email: _____

Return to: AHAIN 8103 E US Highway 36, Suite 277 Avon, IN 46123 Phone: 317-210-0053