

RESIDENT ENGAGEMENT PROGRAM REQUEST FORM

**Submit completed forms to TAPresidentprograms@masshousing.com. Scanned forms are not accepted.*

Date Submitted

TAP Site Information

TAP Member Site Name *Total # Units* *Project ID*

Street *City* *State* *Zip Code*

Phone

Site Contact Name *Title*

Street (if different than above) *City* *State* *Zip Code*

Phone *E-mail*

Management Company Name

Program Information

Name of Program Selected *Program Type*

Program Date(s) *Time To Be Presented* *Vendor Code*

Vendor Name *Phone*

Vendor E-Mail

Do you anticipate the need for any reasonable accommodation that you cannot provide?

Yes No *If yes, specify:* _____

Official Use Only

MassHousing/TAP Approved: Yes No

MassHousing/TAP Staff Name *Title*

Date