



MIXED FINANCING
(no Risk Share or MAP financing)

Project Name: _____ Telephone #: _____ MHFA #: _____

Name of Responsible Party: _____ E-Mail Address: _____ FAX#: _____

THE SUBMISSION CANNOT BE PROCESSED UNTIL ALL THE REQUIRED ITEMS HAVE BEEN RECEIVED

Effective Date of Change: _____ Signature: _____ Date: _____

Check Requested Changes Here	Actions requiring one or more of the following:	1199A	<u>Form W-9</u>	AFHMP	LEP Certification	Management Agreement	Contact Information Listing
	New to Agency Portfolio	R	R	R	R	R	R
	Change of Ownership	R	R	R	R	R	R
	Change of Development Name	R	N/A	N/A	N/A	R	R
	Change of Management Agent	R	R	R	R	R	R
	Change of Bank and/or merger with new account	R	R	N/A	N/A	N/A	N/A

R = Requiring Specific Form or Document | N/A = Not Applicable

Based on your selection above, please E-mail the required documents to: COBR@masshousing.com

- **Cover Letter:** This correspondence, on your company’s letterhead, should contain a narrative of your requested action (e.g., change of development name or Change of Management Agent, Change of ABA routing by Bank) and sent to MassHousing via E-mail to: COBR@masshousing.com.
- **Taxpayer Identification Number and Certification - IRS Form W-9:** The W-9 form with the TIN is required and is used by MassHousing’s Treasury and Loan Servicing Departments for reporting purposes (copies of the form are acceptable).
- **Affirmation Fair Housing Marketing Plan (AFHMP) and Limited English Proficiency (LEP) Certification.** An AFHMP and LEP certification is required for all new loans and any change in ownership or management agent (where MassHousing is the lender).
- **Management Agreement:** When a change of owner and/or management agent is proposed or there is a change of development name, please attach a copy of the Management Agreement executed by all parties as a PDF to the submission.
- **Change of ABA routing by Bank:** If your bank changes its routing number please send the checklist and include the old and new ABA routing numbers on your cover letter as a PDF to the COBR@masshousing.com
- **Contact Information Form:** Please complete this form (attached) to facilitate communication with all MassHousing Departments. (Please note: The Portal Administrator contact information is necessary to facilitate access to debt service and escrow billings.)

CHANGE OF BUSINESS RELATIONSHIP
Business Relationship Contact Information Form

Development Name:	<input type="text"/>	Request Date:	<input type="text"/>
HAP Contract #:	<input type="text"/>	MH#:	<input type="text"/>
HUD FHA#:	<input type="text"/>	Effective Date:	<input type="text"/>
HUD Risk Share #:	<input type="text"/>	Asset Manager:	<input type="text"/>
General Partner/Owner:	<input type="text"/>		
Principal Contact Person:	<input type="text"/>		
Mailing Address – Street:	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Phone Number:	<input type="text"/>	FAX Number	<input type="text"/>
Email Address:	<input type="text"/>		
Website URL:	<input type="text"/>		
Management Agent:	<input type="text"/>		
Principle Contact Person:	<input type="text"/>		
Mailing Address – Street:	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Phone Number:	<input type="text"/>	FAX Number	<input type="text"/>
Email Address:	<input type="text"/>		
Website URL:	<input type="text"/>		

CHANGE OF BUSINESS RELATIONSHIP

Regional Manager:

Mailing Address – Street:

City/State/Zip:

Phone Number:

FAX Number

Email Address:

Website URL:

Site Manager:

Mailing Address – Street:

City/State/Zip:

Phone Number:

FAX Number

Email Address:

Website URL:

Portal Administrator:

Mailing Address – Street:

City/State/Zip:

Phone Number:

FAX Number

Email Address:

Website URL:

**CHANGE OF BUSINESS RELATIONSHIP
MIXED FINANCING**

Sec. 8 Voucher Administrator: _____

E-mail address of Approved Vouchers: _____

Mailing Address – Street: City/State/Zip: _____

Phone Number: _____ FAX Number: _____

Email Address: _____

Website URL: _____

	-BR	-BR	-BR	-BR	-BR	-BR
Bedroom Type:						
Number of Units:						
E=Elevator, W=Walkway, TH=Townhouse						
F=Family, E=Elderly, H=Handicapped						
Sec. 8 PB Units:						
Sec. 811 Units:						
Sec. 8 PBV:						
Sec. 8 EV:						
Workforce Housing:						
LIHTC:						
Market:						

For Quality Assurance Use Only			
Subsidy Q/A Received Date		Initial Here	