



NEF 40B

(no Risk Share or MAP financing or MH Debt)

Project Name: _____ Municipality: _____ 40B ID # _____ MH Proj. # _____

Address: No. & Street _____ City-State: _____ Zip: _____

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

Name of Responsible Party: _____ E-mail address: _____ Phone (Cell) No. _____

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

Check Requested Changes Here (check all that apply)	Actions requiring one or more of the following:	Cover Letter	Assigned 40B Compliance Contact	Contact Information Listing
	New to Agency Portfolio	R	R	R
	Change of Ownership	R	R	R
	Change of Development Name	R	N/A	R
	Change of Management Agent	R	R	R
	Change of Compliance Officer / Company	R	R	N/A

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

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

- **Cover Letter:** This correspondence, on your company’s letterhead, should contain a narrative of your requested action and sent as a PDF with the other required documents to MassHousing via E-mail to: COBR@masshousing.com .
- **Assign 40B Compliance Contact:** The owner and management agent are required to report on compliance with regulatory agreements. The assigned contact or company assigned must be listed in the Contract Information Listing.
- **Contact Information Form:** Please complete this form (attached) to facilitate communication with all MassHousing Departments.

Massachusetts Housing Finance Agency
One Beacon Street, Boston, MA 02108

TEL: 617.854.1000
VP: 866.758.1435

FAX: 617.854.1091
www.masshousingrental.com

Business Relationship Contact Information Form

Current Development Name:	<input type="text"/>	Request Date:	<input type="text"/>
New Development Name:	<input type="text"/>	MassHousing #:	<input type="text"/>
40 B ID#:	<input type="text"/>	Effective Date:	<input type="text"/>

General Partner/Owner:

Principal Contact Person:

Mailing Address – Street:

City/State/Zip:

Phone Number: Cell Phone #:

Email Address:

Website URL:

CHANGE OF BUSINESS RELATIONSHIP

NEF – 40B

Management Agent:

Principal Contact Person:

Mailing Address – Street:

City/State/Zip:

Phone Number:

Cell Phone #:

Email Address:

Website URL:

Site Manager:

Mailing Address – Street:

City/State/Zip:

Phone Number:

Cell Phone #:

Email Address:

Website URL:

CHANGE OF BUSINESS RELATIONSHIP

NEF – 40B

Assigned Compliance Contact: [Redacted]

Compliance Company: [Redacted]

Mailing Address – Street: [Redacted]

City / State / Zip: [Redacted]

Phone Number: [Redacted] Cell Phone #: [Redacted]

E-mail Address: [Redacted]

Website URL: [Redacted]

Bedroom Type:	-BR	-BR	-BR	-BR	-BR	-BR
Number of Units:	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
E=Elevator, W=Walkway, TH=Townhouse	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
F=Family, E=Elderly, H=Handicapped	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Affordable:	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Market:	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Sec. 811:	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

For Quality Assurance Use Only			
Subsidy Q/A Received Date		Initial Here	
Data Change Request Completed	Name:	Initial Here	Date:
Quality Assurance Audit Date	Name:	Initial Here	Date: