



CHANGE OF BUSINESS RELATIONSHIP

NO MASSHOUSING DEBT

SECTION 8 – TRADITIONAL CONTRACT ADMINISTRATION (TCA) AND PERFORMANCE-BASED CONTRACT ADMINISTRATION (PBCA) PORTFOLIO

Project Name: _____ HAP Contract #(s): _____ MH Proj.#: _____

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

Signature (Digital): _____ Date: _____ UEI/DUNS #: _____

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

Check Changes	Actions requiring one or more of the following:	Cover Letter	UEI/DUNS Number	Contact Listing	Form 1199	Form W-9	HUD APPS	HUD Firm Commitment	HAP Contract Amendment	Management Agreement	AFHMP & LEP
<input type="checkbox"/>	Section 8 HAP assigned to MassHousing portfolio	R	R	R	R	R	N/A	N/A	N/A	R	N/A
<input type="checkbox"/>	Change of ownership	R	R	R	R	R	R	R*	R	R	N/A
<input type="checkbox"/>	Change of management agent	R	R	R	R	R	R	N/A	N/A	R	N/A
<input type="checkbox"/>	Change of development name	R	R	N/A	R	R	R	R*	R	R	N/A
<input type="checkbox"/>	Change of Bank and/or merger with new account	R	N/A	R	R	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/>	Change of bank account at the same Bank	R	N/A	R	R	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/>	Change of ABA routing by Bank	R	N/A	N/A	R	N/A	N/A	N/A	N/A	N/A	N/A

R = Requiring Specific Form or Document | N/A = Not Applicable | *in lieu of APPS or 2530 approval

- Based on your selection above, please E-mail the required documents as PDFs (including the W9 & 1199A form) to: COBR@masshousing.com. We will contact the CFO/Treasurer/Comptroller to confirm the submission.
- **Cover Letter:** This correspondence, on your company’s letterhead, should contain a narrative of your requested action (e.g., change of development name or make payments to a new bank), listing the active DUNS number and HAP contract number.
- **DUNS Number:** An active DUNS number assigned to the development is required by HUD to process all Section 8 HAP payments.
- **Contact Information Form:** This form is provided below as the “Business Relationship Contact Form” and must be completed to facilitate communication with all MassHousing Departments.
- **Direct Deposit Sign-Up Form:** This is also referred to as the 1199A form and is available through this link [Standard Form 1199A](#). This is used by the MassHousing Treasury Department to identify the financial institution and bank account number to which electronic payments are made. The staff at MassHousing are working remotely during the Covid-19 Pandemic so there is no MassHousing staff to receive the original signed 1199A form sent via regular mail. We are asking you to have the CFO or Comptroller sign the 1199A Form and send it with a voided check as a PDF to COBR@masshousing.com in the same E-mail with the other documents. We will contact the CFO or Comptroller to confirm the request.
- **Taxpayer Identification Number (TIN) and Certification:** The IRS and HUD require this form, [IRS Form W-9](#), before any payments are issued under the Housing Assistance Payments (HAP) Contract. (Please note that TIN numbers must match the entity named on the form.)

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- **Previous Participation Certification:** As required in HUD Handbook 4065.1, HUD must review and approve participants in certain types of changes prior to implementation. These changes include change of ownership, change of partners (either general or limited), change of development name, and change of management agent. (For more information regarding the Previous Participation Certificate please use this link [APPS Previous Participation Certification \(APPC\)](#))
- **HUD Firm Commitment Letter:** In some instances, a new owner may present a *firm commitment letter* from a HUD official indicating that the transfer of physical assets (TPA) has been approved, pending the completion of specified action. This may be used as an alternative to an APPS approval.
- **HAP Contract Amendment and/or Assignment and Assumption Agreement:** When a property is sold or transferred to a new owner, HUD must approve the transaction and execute an amendment to the HAP Contract, assigning the rights and obligations of the contract to the new owner. We must receive a copy of the fully executed amendment.
- **Management Agreement:** When a change of ownership, development name, or management agent occurs, HUD requires an executed Management Agreement listing the parties as signatories to the agreement. The new management agent may be required to obtain APPS approval prior to commencement of the contract.
- **Affirmative Fair Housing Marketing Plan and Limited English Proficiency (AFHMP and LEP):** These items are reviewed and processed by HUD directly for developments without MassHousing debt relationship.



CHANGE OF BUSINESS RELATIONSHIP
Business Relationship Contact Information Form

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Development Name: Request Date:

HAP Contract #: MH#:

HUD FHA#: Effective Date:

HUD Risk Share #: Asset Manager:

General Partner/Owner:

Principal Contact Person:

Mailing Address – Street:

City/State/Zip:

Phone Number: FAX Number

Email Address:

Website URL:

Management Agent:

Principle Contact Person:

Mailing Address – Street:

City/State/Zip:

Phone Number: FAX Number

Email Address:

Website URL:

CHANGE OF BUSINESS RELATIONSHIP

NO MASSHOUSING DEBT

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:

Sec. 8 Voucher Administrator: *

E-mail address of Approved Vouchers

Mailing Address – Street: City/

State/Zip:

FAX Number

Phone Number:

Email Address:

Website URL:

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	-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	
Data Change Request Completed	Name:		Initial Here	Date:
Quality Assurance Audit Date	Name:		Initial Here	Date

*Sec. 8 Voucher Administrator: This is the person assigned by the Owner/Agent to receive communication regarding voucher payment and special claims processing and other issues related to voucher payments.