

**SECTION 811**

Project Name: \_\_\_\_\_ RAC Contract #(s): \_\_\_\_\_ MHFA #(s): \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check Requested Changes Here	Actions requiring one or more of the following:	Cover Letter	Form 1199	Form W-9	Management Agreement	Contact Information Listing
<input checked="" type="checkbox"/>	Section 811 contract newly assigned to MassHousing portfolio	R	R	R	N/A	R
<input type="checkbox"/>	Change of development name	R	R	R	R	R
<input type="checkbox"/>	Change of financial institution or merger with new account	R	R	N/A	N/A	N/A
<input type="checkbox"/>	Change of bank account at the same financial institution	R	R	N/A	N/A	N/A
<input type="checkbox"/>	Change of ABA routing by financial institution	R	R	N/A	N/A	N/A

*R = Requiring Specific Form or Document | NA = Not Applicable |***Brief Definitions:**

**Cover Letter:** This correspondence, on your company's letterhead, should contain a narrative of your requested action (e.g., change of development name, Change of Management Agent, or Change of banking information including bank account and/or routing number), signed by the CFO or Comptroller and sent to MassHousing via E-mail to: [COBR@masshousing.com](mailto:COBR@masshousing.com).

**Direct Deposit Sign-Up Form:** [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 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 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:** [IRS Form W-9](#): The IRS and HUD require this form before any payments may be issued under the Housing Assistance Payments (HAP) Contract. (Please note that TIN numbers must match the entity named on the form.)

**Management Agreement:** Where there *is not* an identity-of-interest between the owner and agent and a management agent change occurs, please attach executed management agreement between the owner and the new agent. If the name of the management agent changes for any reason, please attach an executed management agreement with the new name.

**Contact Information Form:** Please complete this form which will be used by MassHousing to communicate with designated individuals in your organization. Please identify the person in your organization who will receive communication from MassHousing regarding Sec. 8 voucher payments and Special Claims processing. As the contact information and/or persons change in your organization, please update this information.



**Business Relationship Contact Information Form**

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:

CHANGE OF BUSINESS RELATIONSHIP

SECTION 811

Website URL: [Redacted]

Regional Manager: [Redacted]

Mailing Address – Street: [Redacted]

City/State/Zip: [Redacted]

Phone Number: [Redacted] FAX Number [Redacted]

Email Address: [Redacted]

Website URL: [Redacted]

Site Manager: [Redacted]

Mailing Address – Street: [Redacted]

City/State/Zip: [Redacted]

Phone Number: [Redacted] FAX Number [Redacted]

Email Address: [Redacted]

Website URL: [Redacted]

Owner/Agent

Voucher Processing Administrator: [Redacted]

Mailing Address – Street: [Redacted]

City/State/Zip: [Redacted]

Phone Number: [Redacted] FAX Number [Redacted]

Email Address: [Redacted]

Website URL: [Redacted]

CHANGE OF BUSINESS RELATIONSHIP

SECTION 811

	-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:						

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