

**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

MASSHOUSING DEBT

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]

<sup>1</sup>The Portal Administrator is an employee of the owner/agent and assigns access to MassHousing's Portal for escrow and debt service bills.

Portal Administrator<sup>1</sup>: [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

MASSHOUSING DEBT

<sup>2</sup>The Sec. 8 Voucher Administrator is assigned by the owner/agent to receive communication regarding voucher and special claims payments from MassHousing.

Sec. 8 Voucher Administrator<sup>2</sup>:

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	