

RESIDENT PROGRAM REQUEST FORM

Date Submitted

TAP Site Information

TAP Member Site Name Total # Units Project ID

Street City State Zip Code

Phone Fax

Site Contact Name Title

Street (if different than above) City State Zip Code

Phone Fax E-mail

Management Company Name

Program Information

Name of Program Selected Program Type

Program Date(s) Time To Be Presented Vendor Code

Vendor Name Phone

Vendor E-Mail

Do you anticipate the need for any reasonable accommodation that you cannot provide?

Yes No If yes, specify: _____

Official Use Only

MassHousing/TAP Approved: Yes No

MassHousing/TAP Staff Name Title

Date Rev7.28.22

**Tenant Assistant Program (TAP) Activities
Disclaimer & Acknowledgment**

- The following language should be added to the TAP Request Form, and any agreement executed with MassHousing in connection with the activity:

MassHousing requires any program or activity conducted under the Tenant Assistance Program (TAP) to follow current up to date Covid-19 guidance from the CDC, as well as state and local agencies. All industries are encouraged to follow CDC guidance for cleaning and hygiene protocols.

The owner and/or manager of the premises on which any TAP activity occurs shall be responsible for such activity and its compliance with the requirements described above and by conducting any such activity acknowledges these requirements and accepts responsibility for any loss, damage, suit, or claim resulting from the activity, any non-compliance with the requirements described here, or anyway in connection therewith.

The following notice and acknowledgment should be signed by the owner, manager, or other authorized representative prior to the activity.

Notice and Acknowledgment of Responsibility for On-Site Tenant Assistance Program (TAP) Activities

I am aware that the Tenant Assistance Program (TAP) activity identified below (the "TAP Activity") is expected to occur at the site identified below (the "Site"). I acknowledge that MassHousing requires any TAP program or activity to be conducted in accordance with all applicable laws and regulations, including any Covid-19 guidance from the CDC, as well as state and local agencies.

As a duly authorized representative of the owner and/or manager of the Site, I acknowledge and accept responsibility for such TAP Activity and its compliance with the requirements described above, and accept responsibility for any loss, damage, suit, or claim resulting from the TAP Activity, any non-compliance with such requirements, or anyway in connection therewith.

Acknowledged and Agreed:

Name Authorized Representative	Owner/Management Agent	Title
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TAP Activity Name & Site:

TAP Activity Name	Site
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Site Address