

# 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

Rev012820

Date