



**MIXED FINANCING**  
**(no Risk Share or MAP financing)**

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

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

Effective Date of Change: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check Requested Changes Here	Actions requiring one or more of the following:	Cover Letter	<u>Form W-9</u>	AFHMP	LEP Certification	Management Agreement	Contact Information Listing
	New to Agency Portfolio	R	R	R	R	R	R
	Change of Ownership	R	R	R	R	R	R
	Change of Development Name	R	N/A	N/A	N/A	R	R
	Change of Management Agent	R	R	R	R	R	R
	Change of ABA routing by Bank	R	N/A	N/A	N/A	N/A	N/A

***R = Requiring Specific Form or Document | N/A = Not Applicable***

Based on your selection above, please E-mail the required documents to: [COBR@masshousing.com](mailto:COBR@masshousing.com)

- **Cover Letter:** This correspondence, on your company’s letterhead, should contain a narrative of your requested action (e.g., change of development name or Change of Management Agent, Change of ABA routing by Bank) and sent to MassHousing via E-mail to: [COBR@masshousing.com](mailto:COBR@masshousing.com).
- **Taxpayer Identification Number and Certification - IRS Form W-9:** The W-9 form with the TIN is required and is used by MassHousing’s Treasury and Loan Servicing Departments for reporting purposes (copies of the form are acceptable).
- **Affirmation Fair Housing Marketing Plan (AFHMP) and Limited English Proficiency (LEP) Certification.** An AFHMP and LEP certification is required for all new loans and any change in ownership or management agent (where MassHousing is the lender).
- **Management Agreement:** When a change of owner and/or management agent is proposed or there is a change of development name, please attach a copy of the Management Agreement executed by all parties as a PDF to the submission.
- **Change of ABA routing by Bank:** If your bank changes its routing number please send the checklist and include the old and new ABA routing numbers on your cover letter as a PDF to the [COBR@masshousing.com](mailto:COBR@masshousing.com)
- **Contact Information Form:** Please complete this form (attached) to facilitate communication with all MassHousing Departments. (Please note: The Portal Administrator contact information is necessary to facilitate access to debt service and escrow billings.)

**CHANGE OF BUSINESS RELATIONSHIP**  
**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:

Website URL:

CHANGE OF BUSINESS RELATIONSHIP

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:

Portal Administrator:

Mailing Address – Street:

City/State/Zip:

Phone Number:

FAX Number

Email Address:

Website URL:

CHANGE OF BUSINESS RELATIONSHIP  
MIXED FINANCING

Sec. 8 Voucher Administrator:

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E=Elevator, W=Walkway, TH=Townhouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F=Family, E=Elderly, H=Handicapped	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sec. 8 PB Units:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sec. 811 Units:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sec. 8 PBV:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sec. 8 EV:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workforce Housing:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LIHTC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Market:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>For Quality Assurance Use Only</b>			
Subsidy Q/A Received Date		Initial Here	