

**SECTION 542 HUD RISK SHARE**

Project Name: \_\_\_\_\_ HAP Contract #: \_\_\_\_\_ HUD FHA/Risk Share Contract #: \_\_\_\_\_ MHFA #: \_\_\_\_\_  
 Name of Responsible Party: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_

**THE SUBMISSION CANNOT BE PROCESSED UNTIL ALL OF 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	<a href="#">Form W-9</a>	<a href="#">HUD APPC</a>	HUD Contract Amendment or Assignment & Assumption Agreement (Section 236 only)	Management Agreement
<input type="checkbox"/>	New to Agency Portfolio	R	R	R	R	R
<input type="checkbox"/>	Change of ownership (Tax ID Required)	R	R	R	R	N/A
<input type="checkbox"/>	Change of development name (Tax ID Required)	R	R	R	N/A	R
<input type="checkbox"/>	Change of management agent (Tax ID Required)	R	R	R	N/A	R

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

**Definitions:**

**Cover Letter:** Correspondence from the owner's representative or an authorized representative of the management agent, requesting a specific action must be attached to this checklist and sent directly to MassHousing, One Beacon Street, 7<sup>th</sup> Floor, Boston, MA 02108, Attention: LaVergne Randolph. The cover letter must identify the project by including the project name, HUD 236 IRP / Risk Share Contract Number and MassHousing project Number. The cover letter must be on company letterhead, include name and title of authorized person requesting the change, include an authorized signature, and be presented in original form. HUD requires a Tax Identification Number for the management company and ownership entity when a change of ownership and/or management occurs; please ensure the Tax ID Numbers are provided on the cover letter.

**Taxpayer Identification Number and Certification - IRS Form W-9:** The IRS and HUD require this before any payments or other transactions may be issued under the HUD Contract (copies of the form are acceptable).

**Previous Participation Certification: [APPS Previous Participation Certification \(APPC\)](#) :** As required in HUD Handbook 4065.1, HUD must review and approve certain types of changes, prior to implementation. These changes include change of ownership, change of partners (either general or limited), and change of management agent. HUD requires that the party seeking to be admitted to ownership or agency must be acceptable to them and not have been debarred from participation in any HUD program. MassHousing requires APPS approval or a copy of the HUD 2530 approval, bearing a HUD official's signature and date, or other evidence of approval by HUD.

**HUD Contract Amendment (a.k.a. Assignment and Assumption Agreement) – Amendment to Section 236 only:** When a property is sold/transferred to a new ownership entity, HUD must approve the transaction and execute an amendment to the HUD Section 236 IRP Contract, effectively assigning the rights and obligations of the contract to the new owner. We must receive a copy of the fully executed amendment.

**Management Agreement:** When a change of management agent occurs, HUD requires approval of the new agent through the APPS (or paper Form 2530) review process noted above. HUD also requires an executed Management Agreement prior to the new agent commencing their duties at the site. Where MassHousing is the Section 236 Contract Administrator, an Executed Management Agreement must be submitted; where MassHousing is not the Section 236 Contract Administrator, please contact your HUD Project Manager for guidance. Prior to making any subsidy disbursements or any other processing actions related to the new agent, MassHousing must receive a copy of the Management Agreement executed by all parties.



## REQUEST TO UPDATE CONTACT INFORMATION

Development Name: [redacted] Request Date: [redacted]

HAP Contract #: [redacted] MH# [redacted]

HUD FHA#: [redacted] Effective Date of Change: [redacted]

General Partner/Owner: [redacted]

Principal Contact Person: [redacted]

Mailing Address Street: [redacted]

City/State/Zip: [redacted]

Phone Number: [redacted]

FAX Number: [redacted]

E-mail Address: [redacted]

Website URL: [redacted]

Management Agent: [redacted]

Principal Contact Person: [redacted]

Mailing Address Street: [redacted]

City/State/Zip: [redacted]

Phone Number: [redacted]

FAX Number: [redacted]

E-mail Address: [redacted]

Website URL: [redacted]

Regional Manager:

Mailing Address Street:

City/State/Zip:

Phone Number:

FAX Number:

E-mail Address:

Site Manager:

Mailing Address Street:

City/State/Zip:

Phone Number:

FAX Number:

E-mail Address:

**Please list unit type below**

Bedroom Type:

**0-BR**

**-BR**

**-BR**

**-BR**

**-BR**

**-BR**

**-BR**

**-BR**

No. of Units:

E=Elevator, W=Walkup, R=Row, TH=Townhouse:

F=Family, E=Elderly, H=Handicapped: