

SECTION 13A, State Housing Assistance for Rental Production (SHARP), Rental Housing Development Action Loan (R-DAL), Mixed Income, Work-Force, and other

Project Name: _____ MHFA #: _____

Name of Responsible Party: _____ E-Mail Address: _____ Telephone #: _____ FAX#: _____

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

Signature: _____ Date: _____

Check Requested Changes Here	Actions requiring one or more of the following:	Cover Letter	Form W-9	IRP (Section 13A only)	Management Agreement
<input type="checkbox"/>	New to Agency Portfolio	R	R	N/A	R
<input type="checkbox"/>	Change of ownership (Tax ID Required)	R	R	R	N/A
<input type="checkbox"/>	Change of development name (Tax ID Required)	R	R	N/A	R
<input type="checkbox"/>	Change of management agent (Tax ID Required)	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, 7th Floor, Boston, MA 02108, Attention: LaVergne Randolph. The cover letter must identify the affected project by including the project name and MHFA Number. The cover letter must be on letterhead, include name and title of authorized person requesting the change, include an authorized signature, and be presented in original form. Copies and faxes are unacceptable. A Tax Identification Number is required 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 requires this before any payments may be issued for a new management agent doing business with MassHousing. If the new management agent has a W-9 already on file with MassHousing, please specify that on your cover letter.

Interest Reduction Payment (IRP) – Section 13A only: MassHousing operates an interest subsidy program in accordance with Section 13A of Chapter 708 of the Acts of 1966, as amended, (the "Act"). This program will provide on behalf of eligible tenants living in developments financed under the Act, a subsidy not to exceed the difference between that portion of the rental of such unit which is attributable to the mortgagor's interest payments and the amount which would have been attributable if the interest rate for the financing of the development were one percent per annum. When a property is sold to a new owner during the term of the Section 13A IRP loan, DHCD must approve the transaction and execute an amendment to the contract, effectively assigning the rights and obligations of the contract to the new owner. We must receive a copy of the fully executed amendment with the "Change of Relationship" checklist.

Management Agreement: When a change of management agent occurs, a Management Agreement, in a form acceptable to MassHousing, must be executed prior to the agent commencing their duties at the site. MassHousing is party to the Management Agreement and must receive a copy of the executed Management Agreement with the "Change of Relationship" checklist.



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: