

CHANGE OF BUSINESS RELATIONSHIP
Business Relationship Contact Information Form

Development Name:	<input type="text"/>	Request Date:	<input type="text"/>
HAP Contract #:	<input type="text"/>	MH#:	<input type="text"/>
HUD FHA#:	<input type="text"/>	Effective Date:	<input type="text"/>
HUD Risk Share #:	<input type="text"/>	Asset Manager:	<input type="text"/>
General Partner/Owner:	<input type="text"/>		
Principal Contact Person:	<input type="text"/>		
Mailing Address – Street:	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Phone Number:	<input type="text"/>	FAX Number	<input type="text"/>
Email Address:	<input type="text"/>		
Website URL:	<input type="text"/>		
Management Agent:	<input type="text"/>		
Principle Contact Person:	<input type="text"/>		
Mailing Address – Street:	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Phone Number:	<input type="text"/>	FAX Number	<input type="text"/>
Email Address:	<input type="text"/>		
Website URL:	<input type="text"/>		

CHANGE OF BUSINESS RELATIONSHIP

MASSHOUSING DEBT

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

MASSHOUSING DEBT

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:						
E=Elevator, W=Walkway, TH=Townhouse						
F=Family, E=Elderly, H=Handicapped						
Sec. 8 PB Units:						
Sec. 811 Units:						
Sec. 8 PBV:						
Sec. 8 EV:						
Workforce Housing:						
LIHTC:						
Market:						

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