



**SECTION 542 HUD RISK SHARE AND MAP**

Project Name: \_\_\_\_\_ RISK Share Contract #(s): \_\_\_\_\_ MH Proj.#: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_ Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**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	Form W-9	HUD APPS / 2530	AFHMP & LEP Certification	Management Agreement	Contact 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	R	R	N/A	N/A	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 make payments to a new bank, Change of ABA routing by Bank).
- **Contact Information Form:** This form is provided below as the “Business Relationship Contact Form” and must be completed to facilitate communication with all MassHousing Departments.
- **Taxpayer Identification Number (TIN) and Certification:** The IRS and HUD require this form, [IRS Form W-9](#), before any payments are issued under the Housing Assistance Payments (HAP) Contract. (Please note that TIN numbers must match the entity named on the form.)
- **Previous Participation Certification:** As required in HUD Handbook 4065.1, HUD must review and approve participants in certain types of changes prior to implementation. These changes include change of ownership, change of partners (either general or limited), change of development name, and change of management agent. (For more information regarding the Previous Participation Certificate (APPS) please use this link [APPS Previous Participation Certification \(APPS\)](#))

- **Management Agreement:** When a change of ownership, development name, or management agent occurs, HUD requires an executed Management Agreement listing the parties as signatories to the agreement. The new management agent may be required to obtain APPS approval prior to commencement of the contract.
- **Affirmative Fair Housing Marketing Plan and Limited English Proficiency (AFHMP and LEP):** These items are reviewed and processed by MassHousing and sent to HUD for final approval. Please include a new or revised AFHMP and an LEP Certification with your submission.

Massachusetts Housing Finance Agency  
One Beacon Street, Boston, MA 02108

TEL: 617.854.1000  
VP: 866.758.1435

FAX: 617.854.1091  
[www.masshousingrental.com](http://www.masshousingrental.com)

Revised: 10/18/2019



## 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:

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:

Primary Portal Administrator:

Mailing Address – Street:

City/State/Zip:

Phone Number:  FAX Number

Email Address:

Website URL:

Bedroom Type:	<b>-BR</b>	<b>-BR</b>	<b>-BR</b>	<b>-BR</b>	<b>-BR</b>	<b>-BR</b>
Number of Units:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E=Elevator, W=Walkup, 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	
Data Change Request Completed	Name:	Initial Here	Date:
Quality Assurance Audit Date	Name:	Initial Here	Date: