

**RESIDENT PROGRAM REQUEST FORM**

\_\_\_\_\_  
Date Submitted

**TAP SITE INFORMATION**

\_\_\_\_\_  
TAP Member Site Name Total # Units Project ID

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Site Contact Name Title

\_\_\_\_\_  
Street (if different than above) City State Zip Code

\_\_\_\_\_  
Phone Fax E-mail

\_\_\_\_\_  
Management Company Name

**PROGRAM INFORMATION**

Single  Series

\_\_\_\_\_  
Name of Program Selected

\_\_\_\_\_  
Program Date(s) Time To Be Presented

\_\_\_\_\_  
Vendor Name Code (One-time use)

Do you anticipate the need for any reasonable accommodation that you cannot provide?

Yes  No If yes, specify: \_\_\_\_\_

**Official use only:** MassHousing/TAP Approved  Yes  No

\_\_\_\_\_  
MassHousing/TAP Staff Name Title

\_\_\_\_\_  
Date