

Notice of Change in Management Agent Compliance Monitoring

Submit form prior to the effective date of the change in management agent.
NOTE: MSHDA financed projects have additional requirements.
Contact your Asset Manager for additional information.

Send completed form to:
Michigan State Housing Development Authority
Compliance Monitoring – Asset Management
mshdacompli@michigan.gov

| | |
|--------------------------|--|
| Development Name: | |
| MSHDA #: | |
| Development City: | |

Indicate Type of Change and Effective Date:

| Type of Change <i>(check all that apply)</i> | Effective Date | Comments |
|---|----------------|----------|
| <input type="checkbox"/> Change in Management Agent | | |
| <input type="checkbox"/> Change in Contact | | |

Previous Management Company:

| | |
|-----------------------------|--|
| Previous Mgmt Company Name: | |
|-----------------------------|--|

Company Information:

| | |
|--------------------------------|--|
| New/Current Mgmt Company Name: | |
| Company Contact Name: | |
| Title: | |
| Company Street Address: | |
| City, State, Zip: | |
| Phone #: | |
| Fax: | |
| Email: | |
| On-Site Contact Name: | |
| On-Site Contact Email: | |

Contact Information if different from above:

| | |
|-------------------|--|
| Street Address: | |
| City, State, Zip: | |
| Phone #: | |
| Fax: | |
| Email: | |

If form is for a management company change, then the form must be signed by the managing general partner of the development. If the form is for a contact change, then it can be signed by any authorized representative of the management company.

Signature of Authorized Representative: _____

Title: _____ Date: _____

Printed name of person signing: _____