

Registration Form for Age Restricted Housing

Chapter 291 of the Acts of 2006 - (Amends M.G.L. c.151B sec.4(6) & (7))

DATE: _____ **Registration Effective for Two (2) Years**

Name of Development: _____

Address: _____

Name of Owner or Manager: _____

Address: _____

RENTAL

Total Units in Development _____

Total Units 55 & Over _____

Total Units 62 & Over _____

OWNERSHIP

Total Units in Development _____

Total Units 55 & Over _____

Total Units 62 & Over _____

CHECK IF A RENEWAL ☐

This Form May Be Mailed or Submitted Electronically

Mailing Address:

Executive Office of Housing and Livable Communities

Office of the General Counsel

Att: Age Restricted Housing Registration Form

100 Cambridge Street, Suite 300

Boston, MA 02114

Electronic Address: margaux.leclair@mass.gov

Submitted by:

(Signature)

(Name & Title)

(Address)

(Phone)