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Project Name: _____ Address: _____ City: _____

County: _____ Period Report Covers Jan.-Dec.: _____ Place in Service Date: _____

Total # of Rental Units in Building: _____

% of Units Designated Low-Income at Allocation: _____ of Rental Units that Qualify as Low-Income: _____ % of Units that Qualified Low-Income Last Year: _____

of Vacant Units Previously Occupied by Eligible Tenants: _____ # of Unit Occupied by Eligible Tenants: _____

Project Owner: _____ Management Agent: _____

Report Prepared by: _____ Phone Number: _____

Unit #	# of Bedrooms	Square Footage	Tenant Name First, Middle Initial & Last Name	Family Size	# of Disabled in each household	Race/ Gender Type <i>See Code</i>	Move-in Date	Move-in Income (gross annual)	Recert Date	Recert Income	Tenant Portion Rent	Utility Allowance	Gross Rent	50/60 % Unit	Move-out Date
(1)	(2)	(3)	(4)	(5)	(6)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)