

Page#															
Project Name:			Address: City:				County:			Period Report Covers: Jan. – Dec.			BIN #:		
<input type="checkbox"/> 20/50 or <input type="checkbox"/> 40/60		Placed 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 Qualified Low-Income Last Year:					# of Vacant Units Previously Occupied by Eligible Tenants:					
# Of Units Occupied by Eligible Tenants:							Is Rent Determined by Unit or Family Size:								
Project Owner:				Management Agent:					Report Prepared by:				Phone #:		

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

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**CODES:**

<b>Race of Head of Household Code</b>	<b>Head of Household Code</b>	<b>Gender Code</b>
1 = White/Non-Hispanic	A = Single/Non-Elderly	Female = F
2 = Black/Non-Hispanic	B = Elderly	Male = M
3 = Native American	C = Related/One Parent	
4 = Asian	D = Related Two Parent	
5 = Hispanic	E = Other	
6 = Information not provided		

Example for (6) 1AF is a White Single Female