

3a. 8-Digit Project Number. Only public and Indian housing projects have numbers of this length.

There are three blocks of numbers:

- State code - a 2-digit alpha code for the state in which the PHA/IHA is located. (See Appendix 2-7 for codes).
- PHA/IHA number - a 3-digit number (including leading 0s) that is unique to the PHA/IHA in that State.
- Project number - a 3-digit number (including leading 0s) that is unique to that project in that PHA/IHA.

3b. 11-Digit Project Number. Public and Indian Housing and Section 8 projects use numbers of this length. There are five blocks of numbers:

- State code - a 2-digit alpha code for the State in which the PHA is located.
- Field Office - a 2-digit number (including a leading 0) for the HUD Office which has jurisdiction over the PHA/IHA.
- Program code - Public or Indian housing - a letter code for the housing program through which the PHA/IHA is receiving assistance or subsidy for the project.
 - P = Public housing
 - B = Indian housing
- Section 8 program - a letter code indicating the type of Section 8 program.
 - E = Existing Housing Certificate
 - K = Moderate Rehabilitation
 - V = Housing Voucher

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- PHA/IHA number - a 3-digit number (including leading 0s) that is unique to that PHA/IHA in that State
- Project number - a 3-digit number (including leading 0s) that is unique to that project or Section 8

application in that PHA/IHA.

Item 4. Building Identifier. Leave blank.

Item 5. Unit Account Number. For PHA/IHA use. Not required.

Item 6. Unit Utility Allowance. The utility allowance for tenant-supplied utilities applicable to the dwelling to be occupied by this family. If the utility allowance varies by season, show the average allowance (the annual total divided by 12). See 24 CFR 913 and 24 CFR 965 for public and Indian housing and 24 CFR 813 and 24 CFR 882 for Section 8.

Item 7. Number of Bedrooms. The number of bedrooms in the dwelling occupied by the family.

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ITEMS 8 TO 15 APPLY ONLY TO THE SECTION 8 EXISTING HOUSING CERTIFICATE, MODERATE REHABILITATION, AND HOUSING VOUCHER PROGRAMS

Item 8. HAP Contract Sequence Number. Moderate Rehabilitation only. The 5-digit sequence number on the HAP contract. It is the last five numbers of the 16-digit HAP Contract number.

Item 9. Assistance Status. Choose the code that describes the tenant's situation most accurately:

9a. Admission: Use only if Code 1 was entered in Item 2.

- 1 - Leasing in place
- 2 - Moved from public housing to Existing, Moderate Rehabilitation or Housing Voucher dwelling
- 3 - Other

9b. Reexamination: Use only if Code 2 was entered in Item 2.

- 4 - Moved with Section 8 assistance to another unit within 12 months of admission or last reexamination
- 5 - Use Code 5 if the family resides in the same unit in which it lived at the previous admission or reexamination.

Use Code 4 if the dwelling in which the family currently resides is different from the one in which it lived at the previous transaction (admission or reexamination).

Use Code 5 if the family has been in its current dwelling since the previous transaction (admission or reexamination).

See Item 2 for an explanation of admission and reexamination.

Item 10. Housing Assistance Payment. The amount of the housing assistance payment to be paid to the landlord by the PHA/IHA.

Item 11. Gross Rent. The sum of the Contract Rent and any Utility Allowance for the assisted family. Where the family owns a mobile home and is renting a space (pad), Gross Rent includes the family's monthly payment to amortize the purchase price of the manufactured (mobile) home.

Item 12. Certificate/Housing Voucher Size. Section 8 Existing Housing and Housing Voucher only. The number of bedrooms shown on the Certificate of Family Participation or on the Housing Voucher.

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SECTION 8 ONLY - CONTINUED

Item 13. Applicable Housing Voucher Payment Standard. Housing Vouchers only. The amount of the applicable payment standard used to compute the housing voucher subsidy.

Item 14. Section 8 Type. The particular type of Section 8 program. Use only one code for each block.

14a. Program Type:

- 1 - Existing Certificate
- 2 - Moderate Rehabilitation
- 3 - Housing Voucher

14b. Housing Type:

- | | |
|---------------------------------|---------------------------|
| 0 - None of the Following | 3 - Mobile Home Pad |
| 1 - Independent Group Residence | 4 - Single Room Occupancy |
| 2 - Congregate Housing | 5 - Shared Housing* |

* Do not use this code until program instructions are issued.

14c. Rental Rehabilitation:

- 0 - No 1 - Yes.

Code 1 (Yes) should be used only if the family was given a Certificate or a Housing Voucher from a special allocation because:

- (1) the family was occupying a unit that was rehabilitated under the Rental Rehabilitation program or
- (2) the family was selected from the waiting list to occupy a unit that was rehabilitated under the Rental Rehabilitation program.

Do not use Code 1 for a family occupying a Moderate Rehabilitation unit; use Code 0.

14d. Project Self-sufficiency.

0 - No 1 - Yes.

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SECTION 8 ONLY - CONTINUED

Code 1 (Yes) should be used only by those PHA/IHA's participating in the Project Self-Sufficiency Demonstration program and only for those families who have at any time been selected as participants in the program.

ITEM 15. Dwelling Address. The address represents the physical location of the dwelling in which the tenant resides. If the tenant does not have a street address, write down the tenant's mailing address.

House Number. The house or building number. Include any suffix like "1/2" or "A" that is part of the house or building number. Do not put the apartment number here.

Street Name. The name or the number of the street. If the street name is a number, write it (either as letters or number) as the street is known in your community. If the street is a route number, enter Route (or Rte.) and the number. Where there is not a street name or number, enter Post Office Box (or drawer) and number.

Be sure to include any geographical directions that go before or after the street name, such as East or SW.

Apartment Number. If the tenant lives in an apartment, the number or letter of the apartment.

City. The name of the city or postal area in which the dwelling is located.

State. The Federal Standard Alpha Code for the state in which the property is located. See Appendix 2-7.

Zip Code. The 9-digit Zip Code of the dwelling address. The United States Postal Service can provide this information.

-----End of items that apply only to Section 8 -----

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FAMILY

Item 16. Number of Household Members. Count all persons residing in the household, including foster children, attendants, and other individuals who are not members of the family but are listed on the lease. Include persons who are temporarily absent from the home.

Item 17. Number of Dependents. Count all family members who are 17 years and under or a full-time student of any age or a disabled or handicapped person. Include dependents who are temporarily absent.

The head and spouse are never considered to be dependents, regardless of age. Foster children are not counted as dependents for the purpose of this item.

See 24 CFR 913.102 or 24 CFR 813.102 for definitions.

Item 18. Race. Use the code which describes the head of the household.

- | | |
|-----------|---------------------------------------|
| 1 - White | 3 - American Indian or Alaskan Native |
| 2 - Black | 4 - Asian or Pacific Islander |

Item 19. Ethnicity. Use the code which describes the head of the household.

- 1 - Hispanic
- 2 - Non-Hispanic.

Item 20. Elderly Status. Use the code which describes the head, spouse or sole member. Use only one.

- 0 - Non-Elderly
- 1 - 62 years old or over
- 2 - Disabled or Handicapped, age under 62 years old

See 24 CFR 913.102 or 24 CFR 813.102 for the definitions of disabled and handicapped.

Item 21. Preference Category. Admissions only (Code 1 in Item 2). Complete either 21a or 21b.

21a. No preference. Use the following code if the family was not given a preference or priority of any kind for admission:

- 1 - No preference

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21b. Preference Given (Enter all applicable codes). Enter all the codes that apply. Use the following codes if the family was given a preference or a priority for admission:

- | | |
|-----------------|----------------------|
| 2 - Substandard | 4 - Rent above 50% |
| 3 - Displaced | of income |
| | 5 - Other preference |

Code 5 includes veterans status, residency, income range, and other preferences used by the PHA/IHA.

Item 22. Date of Application. Date the family first applied for the assisted housing program under which the family is receiving assistance.

If the family's application was inactive at some point, use the date of the latest application that was used by the PHA/IHA in admitting the family or in issuing a Certificate or a Housing

Voucher. This should be the date that established the family's position on the waiting list.

Item 23. Date of Admission.

Admission: Use only if Code 1 was entered in Item 2.

Effective date of the family's lease.

Reexamination: Use only if Code 2 was entered in Item 2.

Public or Indian housing - the date from which the family has continuously occupied public or Indian housing operated by this PHA/IHA.

Section 8 - the date from which the family has continuously received Section 8 assistance from this PHA/IHA.

Item 24. Date of Current Reexamination.

If Code 1 (Admission) was entered in Item 2, leave blank. Otherwise, enter the date on which any change in tenant payment resulting from this reexamination took (or will take) place. (If there is no change, the date it would have taken place if there had been a change in tenant payment.)

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FAMILY ADULTS

Items a-h. 25-27

Family Adults. Show information on the head of the household, the spouse or other adult (a family member 18 years or older), or a third adult, if present.

Items 25a-h.

Head. Head of household.

Items 26a-h.

Spouse/Other Adult. Spouse or head of the household. If there is no spouse, show other adult; otherwise, leave blank.

Items 27a-h.

Other Adult. A third family member 18 years old or over. If there is no entry in Item 26 or no third adult, leave blank.

Information Items

Items 26a-c., 25a-c.

Name. Enter the last name, the first name, and the middle 27a-c.initial, in that order.

Items 25d, 26d, 27d.

Sex. "F" for female and "M" for male.

Items 25e, 26e, 27e.

Alien Status. Omit until instructed to use by HUD.

Items 25f, 26f, 27f.

Birth Date. Show dates as numbers. Order must be month, day, and year. Use slash (/) between month, day, and year. Use the last two digits only for the year. (Leading 0's are OK but not required.) Examples: 2/8/85, 02/08/85, 9/1/84, 09/01/84.

Items 25g, 26g, 27g.

Social Security Number/Alien Registration Number. Enter Social Security number if provided by the family. Do not show Alien Registration number until instructed to by HUD.

Items 25h, 26h, 27h.

Place of Birth. Show city and state if born in the United States. Show city and country if born outside of the U.S.

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INCOME/RENT

Show all income that was counted to determine Annual Income pursuant to 24 CFR 913.106 or 24 CFR 813.106. Use verified income figures representing the amount anticipated to be received in the year following admission or re-examination.

A 12 months' total must be shown. Where income for a full year cannot be determined, the income for the months that are known should be "annualized." Calculate the average monthly income for those months; multiply this figure by 12 to arrive at an annual amount. Round all figures to the nearest dollar (0 to 49, round down; 50 to 99 round up).

Columns a-h, Items 28-31.

Income Type. The amount the family (Item 28) and the adult family members (Items 29, 30, and 31) expect to receive annually from each source of income (Columns a, b, c, d, and e). The family members shown in Items 25-27 should be carried over to Items 29-31.

Item 28a-e should include all the countable income of family members in Items 29, 30, and 31 as well as all the countable income of those not shown.

Show income received by the head, spouse or other adult member of the family on behalf of a minor (e.g., child support or welfare) in the income item for that adult (Items 29, 30, 31 and Columns b or c).

Include all income received by additional adults and unearned income received by a minor (e.g., Social Security) in Annual Income (Item 28).

Do not count income from the employment of children (including foster children) 17 years and under and payments received for the care of foster children.

If the head or the other listed adults are not receiving any income, either directly or on behalf of a minor, leave that line

blank.

Col. a, Lines 28-31.

Wage, Salary, etc. Wages, salaries, tips, commissions, and earned income.

Col. b Lines 28-31.

Social Security, Pensions, etc. Social Security, Veterans pensions, military retirement, and income from other pensions/annuities (including lump-sum payment for delayed start of periodic payment).

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Col. c Lines 28-31.

Public Assistance. Aid to Families with Dependent Children (AFDC), General Assistance, Supplemental Security Income, (SSI), Tribal Welfare, and similar income.

Col. d Lines 28-31.

Asset Income. Interest, dividends, rent, and other income from net family assets. Include income that was imputed using the HUD-approved pass book savings rate.

Col. e Lines 28-31

Other. Any income not shown in columns a to d, including alimony, child support payments, educational benefits used for subsistence, earned income tax credit, unemployment compensation, and net income from operation of business.

Line 28. Cols. a-e.

Annual Income by Type of Income. The total in each column on Line 28 should include the income for the adult family members in Lines 29, 30, and 31 as well as for those not shown.

Line 29. Cols. a-e.

Income of Head. Income, if any, of the family member in Item 25.

Line 30. Cols. a-e.

Income of Spouse/Other Adult. Income, if any, of the family member in Item 26.

Line 31. Cols. a-e.

Income of Other Adult. Income, if any, of the family member shown in Item 27.

Item 32.

Total Medical. The anticipated unreimbursed medical expenses for members of an Elderly family (Code 1 or 2 in Item 20) before 3 percent of Annual Income has been deducted.

The amounts counted here should not be included in Item 34.

Item 33.

Child Care. The child care expenses for each child under 13 years where the care is necessary to enable a family member

to be gainfully employed or to further his or her education. In the case of employment, the amount shown should not be greater than the amount of income from the job.

Item 34.

Handicapped Assistance. The amount of the family's expenses for handicapped assistance that is deducted to determine adjusted income.

The amounts counted here should not be included in Item 32.

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Item 35.

Net Family Assets. The value of equity in real property, savings, and other forms of capital investment. Do not include interest in Indian trust land, equity in a business or a farm operation or in HUD homeownership programs, amounts in an irrevocable trust fund or the value of personal property (e.g., car, furniture).

If assets were disposed of for less than fair market value during the two years before application or reexamination, include the difference between the fair market value at the time of disposition and the amount received. See 24 CFR 913.102 or 24 CFR 813.102 for more information.

Item 36.

Total Tenant Payment. The monthly amount calculated under 24 CFR 913.107 or 24 CFR 813.107. Do not deduct the Utility Allowance.

An entry must be made in this item. If the computed amount is "0", show "0".

Do not include charges for excess utility consumption or other miscellaneous charges.

Item 37.

PHA/IHA Official's Certification. The Executive Director or other authorized PHA/IHA official must sign and show the date of the signature. The official's name and title also should be printed clearly or typed.

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