

Proposed Revised  
50059 and 52670  
Forms for  
TRACS 202C

# Updating the 50059

- Handle partial certifications
- Add or remove fields relating to changes in the 202C spec

# New Fields

- 14. Last Full Certification Effective
- 20. Last Full Certification Type
- 31. Basic Rent
- 46. Student Status
- 117. Termination Code (TM's Only)
- 118. Move Out Code (MO's Only)
- 119. Date of Death of Sole Member (MO's only if Applicable)

Section B. Summary Information																																											
1. Project Name				13. Effective Date				25. Unit Number																																			
2. Subsidy Type		3. Secondary Subsidy Type		14. Last Full Certification Effective				26. No. of Bedrooms																																			
4. Property ID		5. Project Number		15. Anticipated Voucher Date				27. Building ID																																			
6. Contract Number		7. Telecom Address		16. Next Recertification Date				28. Unit Transfer Code																																			
8. Plan of Action Code		9. HUD-Owned Project?		17. Project Move-In Date				29. Previous Unit No.																																			
10. FIPS County Code		11. Previous Housing Code		18. Unit Move-In Date				30. Security Deposit																																			
12. Displacement Status				19. Certification Type				31. Basic Rent																																			
				20. Last Full Certification Type				32. Market Rent																																			
				21. Action Processed				33. Contract Rent																																			
				22. Correction Type				34. Utility Allowance																																			
				23. Cert. Correction Date				35. Gross Rent																																			
				24. Prev. Subsidy Type																																							
Section C. Household Information																																											
36. No.	37. Last Name	38. First Name	39. Mar.	40. Race	41. Sex	42. Age	43. Eth.	44. Birth Date	45. Special Status	46. Student Status	47. ID Code (SSN)	48. Elig. Code	49. Alien Reg. Number	50. Age at Cert.	51. Work Codes																												
01																																											
02																																											
03																																											
04																																											
05																																											
06																																											
07																																											
08																																											
52. Family is Mobility Impaired?			53. Family is Hearing Impaired?			54. Family is Visually Impaired?			55. Number of Family Members			56. Number of Non-Family Members			57. Number of Dependents			58. Number of Eligible Members																									
						59. Expected Family Addition - Adoption						60. Expected Family Addition - Pregnancy						61. Expected Family Addition - Foster Children																									
62. Previous Head Last Name						63. Previous Head First Name						64. Previous Head Middle Initial						65. Previous Effective Date																									
																		66. Previous Head ID																									
																		67. Previous Head Birth Date																									
Section D. Income Information						Section E. Asset Information																																					
68. Misc. No.	69. Income Type Code	70. Amount	71. SSN Benefits Claim No.	72. Mbr. No.	73. Description	74. Status	75. Cash Value	76. Actual Yearly Income	77. Date Divested																																		
72. Total Employment Income						73. Total Pension Income						74. Total Public Assistance Income						75. Total Other Income						76. Total Non-Asset Income																			
77. Total Employment Income						78. Total Pension Income						79. Total Public Assistance Income						80. Total Other Income						81. Total Non-Asset Income																			
Section F. Allowances & Rent Calculations																																											
88. Total Annual Income				89. Low Income Limit				90. Very Low Income Limit				91. Extremely Low Income Limit				92. Current Income Status				93. Eligibility Universe Code				94. Sec. 8 Assist. 1984 Indicator				95. Income Exception Code				96. Police / Security Tenant?				97. Survivor of Qualifier?				98. Household Assistance Status			
99. Deduction for Dependents				100. Child Care Expense (work)				101. Child Care Expense (school)				102. 3% of Income				103. Disability Expense				104. Disability Deduction				105. Medical Expense				106. Medical Deduction				107. Elderly Family Deduction				108. Total Deductions				109. Adjusted Annual Income			
110. Total Tenant Payment				111. Tenant Rent				112. Utility Reimbursement				113. Assistance Payment				114. Welfare Rent				115. Hardship Exemption				116. Waiver Type Code				117. Termination Code (TM's Only)				118. Move-Out Code (MO's Only)				119. Date of Death of Sole Member (MO's Only if Applicable)							

# Removed

- 10. Region Code
- 11. Field Office Code
- 35. Conversion Date Code
- 36. Age 62 at Conversion Indicator
- 37. Continuous Section 8 Indicator
- 116. HCDA Percentage
- 117. Percent Actually Charged

# Renamed

- 7. TRACSMail ID
- 90. Lower Income Limit
- 100. Allowance for Dependents
- 105. Disability Allowance
- 107. Medical Allowance
- 108. Elderly Household Allowance
- 109. Total Allowances
- 7. Telecom Address
- 89. Low Income Limit
- 99. Deduction for Dependents
- 104. Disability Deduction
- 106. Medical Deduction
- 107. Elderly Family Deduction
- 108. Total Deductions

# Other Changes

Section B. Summary Information		
1. Project Name	13. Effective Date	25. Unit Number
2. Subsidy Type	14. Last Full Certification Effective	26. No. of Bedrooms
3. Secondary Subsidy Type	15. Anticipated Voucher Date	27. Building ID
4. Property ID	16. Next Recertification Date	28. Unit Transfer Code
5. Project Number	17. Project Move-In Date	29. Previous Unit No.
6. Contract Number	18. Unit Move-In Date	30. Security Deposit
7. Telecom Address	19. Certification Type	31. Basic Rent
8. Plan of Action Code	20. Last Full Certification Type	32. Market Rent
9. HUD-Owned Project?	21. Action Processed	33. Contract Rent
10. FIPS County Code	22. Correction Type	34. Utility Allowance
11. Previous Housing Code	23. Cert. Correction Date	35. Gross Rent
12. Displacement Status	24. Prev. Subsidy Type	

- Previous Housing Code and Displacement Status Code moved one column to the left
- Form Renumbered

# Clarifying Statement Added to Continuation Page

- Use only when household members, income or asset items exceed the space allowed on page 2

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures										U. S. Department of Housing And Urban Development			For Personal Records ONLY - not for Submission to the Federal Government		
										Office of Housing Federal Housing Commissioner			Record for Landlords (Exp. 00/00/0000)		
Name of Project					Unit Number					Effective Date			Certification Type		
Head of Household					Total Tenant Payment					Assistance Payment			Tenant Rent		
Continuation Page: Use only when household members, income or asset items exceed the space allowed on page 2															
Section C. Household Information															
36. No.	37. Last Name	38. First Name	39. MI	40. Rel.	41. Sex	42. Race	43. Eth.	44. Birth Date	45. Special Status	46. Student Status	47. ID Code (SSN)	48. Elig. Code	49. Alien Reg. Number	50. Age at Cert.	51. Work Codes
Section D. Income Information						Section E. Asset Information									
68. Mbr. No.	69. Income Type Code	70. Amount	71. SSN Benefits Claim No.	77. Mbr. No.	78. Description	79. Status	80. Cash Value	81. Actual Yearly Income	82. Date Divested						

Previous versions of this form are obsolete.  
This form also replaces HUD-50059 D, E, F, & G.

Page \_\_\_ of \_\_\_

form HUD-50059 (12/2007)  
HB 4.300.3 Rev 1

# 50059-A

- New one-page form for partial certifications: Move Outs, Terminations, Gross Rent Changes and Unit Transfers

**Acknowledgements**

Read this before you complete and sign this form HUD-50059 A

**Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security Numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

**Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Partial Certification**

Name of Project	Project Number	Subsidy Type	Contract Number	Transaction Type
Head of Household (Last, First, Initial)		Unit Number	No. of Bedrooms	Effective Date
Head ID Code (SSN)	Head Birth Date	Building ID	Anticipated Voucher Date	

**Move Outs**

**Gross Rent Changes and Unit Transfers**

Move Out Code Date of Death of Sole Member	Prev. Unit No. (UT's only)  Contract Rent Utility Allowance Gross Rent
<b>Terminations</b>  Termination Code Description	Total Tenant Payment Tenant Rent Utility Reimbursement Assistance Payment  Security Deposit

**Signatures**

Head of Household	Date	Owner/Agent	Date
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If Policy approves the partial cert form, the 50059 will be revised again to remove the partial cert fields

# Changes to the Voucher Forms

- **Revised** HUD-52670-A Part 1 (Regular Assistance)
- **New** HUD-52670-A Part 3 (Adjustments)
- **New** HUD-52670-A Part 4 (Miscellaneous Accounting Requests)
- **New** HUD-52670-A Part 5 (Approved Special Claims)
- No Change to the HUD-52670 (Cover Page) or the HUD-52670-A Part 2 (Schedule of Special Claims)

# New HUD-52670-A Part 3

## Adjustments to Schedule of Tenant Assistance Payments Due

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 0000-0000  
(0000/0000)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 for information on public burden.

1. Asst. Pymts Due For (mm/yyyy):		2. Project Name:				3. FHA / EH / Non-Insured Proj. No:		4. Section 8 / PAC / PRAC Contract No:		5. Type of Subsidy:					
8. Head of Household Name Last, First, Initial	7. Unit Number	8. Adjusting Certification					9. Adjustment Period	10. Calculation Detail						11a. Requested	11b. Approved (HUD/CA use only)
		Prior or New Billing?	New Cert?	Cert. Type	Effective Date	Asst. Pmt.		Beginning Partial Month		Full Months		Ending Partial Month			
								No. of Days	Daily Rate	No. of Months	Monthly Rate	No. of Days	Daily Rate		
12. Totals for this page															

Previous editions are obsolete  
Submit an Original and two copies

**Adjustments to Schedule of  
Tenant Assistance Payments Due**

**U.S. Department of Housing and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 0000-0000  
(00/00/0000)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 for information on public burden.

1. Asst. Pymts Due For (mm/yyyy): 12/2007	2. Project Name: Shady Valley Apartments					3. FHA / EH / Non-Insured Proj. No: 00000000		4. Section 8 / PAC / PRAC Contract No: TN000000000				5. Type of Subsidy: Section 8			
6. Head of Household Name Last, First, Initial	7. Unit Number	8. Adjusting Certification					9. Adjustment Period	10. Calculation Detail						11a. Requested	11b. Approved (HUD/CA use only)
		Prior or New Billing?	New Cert?	Cert. Type	Effective Date	Asst. Pmt.		Beginning Partial Month		Full Months		Ending Partial Month			
								No. of Days	Daily Rate	No. of Months	Monthly Rate	No. of Days	Daily Rate		
Normal Move-In	101	New	Y	MI	10/12/07	350	10/12/07 - 11/30/07	20	11.29	1	350			576	
Normal Move-Out	102	Prior		AR	7/1/07	500	10/1/07 - 11/30/07			2	500			(1,000)	
Normal Move-Out	102	New		AR	7/1/07	500	10/1/07 - 10/4/07	4	16.13					65	
Normal Move-Out	102	New	Y	MO	10/4/07	0	10/5/07 - 11/30/07	27	0.00	1	0			0	
Normal Termination	103	Prior		IR	3/1/07	125	10/1/07 - 11/30/07			2	125			(250)	
Normal Termination	103	New		IR	3/1/07	125	10/1/07 - 10/15/07	15	4.03					60	
Normal Termination	103	New	Y	TM	10/15/07	0	10/16/07 - 11/30/07	16	0.00	1	0			0	
Double Subsidy Termination	104	Prior		MI	9/18/07	380	9/18/07 - 11/30/07	13	12.67	2	380			(925)	
Double Subsidy Termination	104	New	Y	TM-DS	9/18/07	0	9/18/07 - 9/30/07	13	0.00					0	
Double Subsidy Termination	104	New	Y	IC	10/1/07	380	10/1/07 - 11/30/07			2	380			760	
Normal Unit Transfer	105	Prior		AR	7/1/07	318	10/1/07 - 11/30/07			2	318			(636)	
Normal Unit Transfer	105	New		AR	7/1/07	318	10/1/07 - 10/12/07	12	10.26					123	
Normal Unit Transfer	105	New		UT-O	10/12/07	0	10/13/07 - 11/30/07	19	0.00	1	0			0	
Normal Unit Transfer	106	New	Y	UT-I	10/13/07	323	10/13/07 - 11/30/07	19	10.42	1	323			521	
Normal Gross Rent Change	107	Prior		AR	2/1/07	415	8/1/07 - 11/30/07			4	415			(1,660)	
Normal Gross Rent Change	107	New		AR	2/1/07	415	8/1/07 - 8/11/07	11	13.39					147	
Normal Gross Rent Change	107	New	Y	GR	8/12/07	418	8/12/07 - 11/30/07	20	13.48	3	418			1,524	
Multiple Retro Corrections	108	Prior		AR	2/1/07	228	2/1/07 - 3/17/07			1	228	17	7.35	(353)	
Multiple Retro Corrections	108	Prior		GR	3/18/07	230	3/18/07 - 8/11/07	14	7.42	4	230	11	7.42	(1,106)	
Multiple Retro Corrections	108	Prior		GR	8/12/07	232	8/12/07 - 8/31/07	20	7.48					(150)	
Multiple Retro Corrections	108	Prior		IR	9/1/07	250	9/1/07 - 11/30/07			3	250			(750)	
Multiple Retro Corrections	108	New	Y	AR*	2/1/07	230	2/1/07 - 3/17/07	1		1	230	17	7.42	356	
Multiple Retro Corrections	108	New	Y	GR*	3/18/07	232	3/18/07 - 8/11/07	14	7.48	4	232	11	7.48	1,115	
Multiple Retro Corrections	108	New	Y	GR*	8/12/07	234	8/12/07 - 8/31/07	20	7.55					151	
Multiple Retro Corrections	108	New	Y	IR*	9/1/07	252	9/1/07 - 11/30/07			3	252			756	
12. Totals for this page														(676)	

# Revised HUD-52670-A Part 1

**Schedule of Tenant Assistance Payments Due**

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 0000-0000  
(00/00/0000)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 for information on public burden.

1. Asst. Pymts Due For (mm/yyyy):		2. Project Name:				3. FHA / EH / Non-Insured Proj. No:			4. Section 8 / PAC / PRAC Contract No:		5. Type of Subsidy:		
8. Head of Household Name Last, First, Initial	7. Unit Number	8. Unit Size	9. Contract Rent	10. Util. Allow.	11. Gross Rent	12. Income Code	Turnover Data		Recertification Data		15. Change Code	Tenant Assistance Payment	
							13a. Code	13b. Mo./Day	14a. Effective Date	14b. First Reminder Notice Date		18a. Requested	18b. Approved (HUD/CA use only)
												17. Totals for this page	

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# New HUD-52670-A Part 4

**Misc. Accounting Requests for Schedule of Tenant Assistance Payments Due**

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 0000-0000  
(0000/0000)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 for information on public burden.

1. Asst. Pymts Due For (mm/yyyy):	2. Project Name:	3. FHA / EH / Non-Insured Proj. No:	4. Section 8 / PAC / PRAC Contract No:	5. Type of Subsidy:	
6. Misc. Request Type	7. Comment			8a. Amount Requested	8b. Approved (HUD/CA use only)
9. Totals for this page					

