	Note:	Leave blank if the receiving HA absorbs the family.
14f.	**Check if Over-FMR Tenancy Option (OFTO):**	Indicate if the family resides in OFTO housing, i.e., the HA approved a space rent *above* the Fair Market Rent (FMR).
	Note:	OFTO *only* applies to the Section 8 Certificate program.
	Note:	The family may not receive assistance under the OFTO program if the effective date (line 2b) is on or after October 1, 1999.
14g.	**Space Owner name:**	The space owner's legal name.
14h.	**Space Owner TIN/SSN:**	The legal space owner's tax identification number (TIN) or the social security number (SSN).
14i.	**FMR fill if: Voucher, OFTO, New admission, or Move :**	Indicate the FMR (Fair Market Rent) that applies to the unit size and locality.
	Note:	Leave blank if the effective date (line 2b) is on or after October 1, 1999.
	Note:	If the family is not under a Voucher, OFTO, New Admission, or move, leave blank.
14j.	**Furniture included in purchase price?:**	Indicate whether or not the manufactured home's purchase price included the cost of furniture. Y =Yes N =No
14k.	**Monthly amortization payment:**	The monthly amount paid for principle and interest to amortize the manufactured home's purchase price. Include any set-up charges for assembling, skirting, and anchoring the manufactured home.
	Note:	If there is no monthly amortization payment, enter 0 (zero).
14m.	**Deduction: if 14j = Y, 14k x 0.15; If 14j = N, put 0:**	The deduction amount for furniture cost from the monthly amortization payment. If the manufactured home's purchase price *included* furniture, multiply the monthly amortization payment (line 14k) by 0.15.
	Note:	If the manufactured home's purchase price did <u>not</u> include furniture, as indicated in line 14j, enter 0 (zero).