proposed activities published in the announcement. Prospective applicants who have submitted letters of intent or requested application materials have been notified directly of this withdrawal.

DATES: A successor competition will be announced shortly in the **Federal Register** for funding in this grant category under modified guidelines that will adjust project expectations to available funding. Application guidance for the successor competition will be available by April 21, 2000, by telephoning 1–877–477–2123 (or 1–877–HRSA–123) and providing the CFDA number (CFDA# 93.110U). The deadline for receipt of applications is July 3, 2000.

FOR FURTHER INFORMATION CONTACT: Russ Scarato or Michael Kogan, Ph.D., Office of Data and Information Management, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A–55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; telephone 1–301–443–0700 or 1–301–443–0701.

Dated: March 24, 2000.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 00–7821 Filed 3–29–00; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4563–N–03]

Notice of Proposed Information Collection for Public Comment for the Family Report

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments Due Date:* May 30, 2000.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street, S.W., Room 4238, Washington, D.C. 20410–5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–3642, extension 4128, for copies of the proposed forms and other available documents. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

Background

The Department of Housing and Urban Development seeks comments on the revised Form HUD–50058 (changes to the Form are noted in italics). The revised Form HUD–50058 incorporates changes required for the sound management of HUD programs. This includes updates required by the passage of various laws, including the Quality Housing and Work Responsibility Act of 1998 (otherwise known as the Public Housing Reform Act), and other changes.

HUD worked with Public Housing Agencies (PHAs), trade organizations, vendors, and other interested parties to improve reporting to Multifamily Tenant Characteristics System (MTCS), the information system that collects electronic Form HUD–50058 data. In the past year, MTCS public housing reporting improved from 60 to 92 percent, and Section 8 reporting improved from 73 to 97 percent. It is critical that high reporting rates be sustained. HUD will provide technical assistance and training to Field Offices and PHAs to help sustain reporting.

To assure customer input, HUD conducted three industry consultation sessions to identify PHA needs for the revised Form HUD–50058. HUD held the first two sessions in November 1999 and January 2000. On February 10, 2000, the Department held a public forum in Washington, DC for software vendors and PHAs to brief them on the revised Form and MTCS enhancements. HUD seeks to work collaboratively with the user community to produce a user-friendly Form HUD–50058 that meets HUD, PHA, and other needs.

HUD is working to improve not only MTCS, but also the Form HUD–50058 implementation process. HUD will implement a test center to help software vendors and PHAs identify fatal errors prior to the MTCS release date. So that PHAs and software vendors have sufficient time to perform the necessary tests and sustain the high reporting rates, the Department will give them ample notice of the Form HUD–50058 modifications. In addition, HUD will implement a historical database so PHAs and HUD can track trends over time. This capability should provide PHAs greater flexibility and help them better meet local reporting needs.

Highlight of Changes

The revised Form HUD–50058 include changes that cover flat rents, earned income disregards, the Housing Choice Voucher Program, the Voucher Homeownership Program, and the Welfare-to-Work Program. To determine if there is a need for better PHA quality controls, the revised Form HUD–50058 asks PHAs to track the reason for corrections to family data. HUD added new section action codes for voucher issuance to analyze the movement and progression of families who receive rental subsidies. The revised Form HUD–50058 collects, for the first time, information about the family's gross income and any income discrepancy adjustments. The revised Form HUD–50058 also strives to fix certain problems that exist on the current form. Particularly, a PHA will be able to correct erroneous effective dates of action (line 2b) transmitted to MTCS.

This Notice also lists the following information:

Title of Proposal: Family Report.

OMB Control Number: 2577–0083.

Agency Form Number: HUD–50058.

Description of the need for the information and proposed use: Collection of this information is authorized by the U.S. Housing Act of 1937 (42 U.S.C. 1437, *et seq.*), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601–19), Section 214 of the Housing and Community Development Act of 1980.

Initially, PHAs will need ½ hour to input the data into each Form HUD–50058. After a one-year period, average input time should be reduced to 15 minutes per Form. The reduction in time is achieved by the pre-entering of key information on the Form (*i.e.,* income changes, change in family composition, etc). PHAs that administer the FSS and/or Welfare to Work voucher program(s) will require an additional 15 minutes per form for completion of the information.

Members of affected public: PHAs, State or Local Governments, Individuals or Households.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:

Information collection	Number of respondents	Responses per respondent	Total annual responses	Hours per response	Total hours	Regulatory reference
HUD–50058	4500	667.67	3,000,000	0.5	1,500,000	985.101

Projected One-Year Period: Hours per response will be reduced to 0.25 for total burden hour of 750,000.

Status of the proposed information collection: Revision and extension of a currently approved collection.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: March 23, 2000.

Harold Lucas,

Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

Family Report

U.S. Department of Housing and Urban Development — Office of Public and Indian Housing

1. Agency

1a. Agency name	1a.
1b. PHA code	***1b.***
1c. Program (P= Public Housing CE= Sec. 8 Certificates VO= Sec. 8 Vouchers MR= Mod Rehab B= Indian Housing)	1c.
1d. Project number (Public/Indian Housing only) ***Suffix:***	***1d.***
1e. Building number (Public/Indian Housing only)	***1e.***
1f. Unit number (Public/Indian Housing only)	***1f.***

2. Action

2a. Type of action **1** = New Admission **2** = Annual Reexamination **3** = Interim Reexamination **4** = Portability Move-in **5** = Portability Move-out **6** = End Participation **7** = Other Change of Unit ***8 = FSS/WtW Only 9 = Annual Reexamination Searching 10 = Issuance of Voucher 11 = Expiration of Voucher 12 = Flat Rent Annual Update 13 = Annual HQS Inspection Only 14 = V oid Family***	2a.
2b. Effective date (mm/dd/yyyy) of action	2b.
2c. Correction? (Y or N)	***2c.***
2d. If correction: (check primary reason) ☐ ***Family income correction*** ☐ ***PHA income correction*** ☐ ***Family correction (non-income)*** ☐ ***PHA correction (non-income)***	
2e. Correction date (mm/dd/yyyy)	***2e.***
2f. Back rent agreement? (Y or N)	***2f.***
2g. Monthly amount of back rent payment	***$ 2g.***
2h. Date (mm/dd/yyyy) of admission to program	2h.
2i. Projected effective date (mm/dd/yyyy) of next reexamination	2i.
2j. Special program(s) (check all that apply): ☐ ***FSS (now or in the last year)*** ☐ ***Enhanced Voucher*** ☐ ***Welfare to Work Voucher***	
2k. Other special programs: Number 01	***2k.***
2k. Other special programs: Number 02	***2k.***
2k. Other special programs: Number 03	***2k.***
2k. Other special programs: Number 04	***2k.***
2k. Other special programs: Number 05	***2k.***
2m. Use if instructed by HUD	2m.
2n. PHA use only	***2n.***
2p. PHA use only	***2p.***
2q. PHA use only	***2q.***
2r. PHA use only	***2r.***
2s. PHA use only	***2s.***

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

3. Household

3a. Head of Household Member Number 01	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation H	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5			3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*				
3a. Member Number 02	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5			3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*				
3a. Member Number 03	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5			3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*				
3a. Member Number 04	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5			3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*				
3a. Member Number 05	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5			3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*				
3a. Member Number 06	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5			3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*				

Codes:

3h. Relation:
H = head
S = spouse
K = co-head
F = foster child/foster adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

3k. Race:
1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

3m. Ethnicity:
1 = Hispanic or Latino
2 = Not Hispanic or Latino

3q. = Community Service
1 = n/a
2 = yes
3 = no
4 = pending
5 = exception

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			

Codes:

3h. Relation:
H = head
S = spouse
K = co-head
F = foster child/foster adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

3k. Race:
1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

3m. Ethnicity:
1 = Hispanic or Latino
2 = Not Hispanic or Latino

3q. = Community Service
1 = n/a
2 = yes
3 = no
4 = pending
5 = exception

3r. Continued on an additional sheet? (Y or N) 3r.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

3s. Reserved	
3t. Total number in household	3t.
3u. Family subsidy status under Noncitizen rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of status T = Temporary deferral of termination P = Prorated assistance	3u.
3v. Effective date (mm/dd/yyyy) if 3u = C or T	3v.
3w. If new head of household, former head of household's SSN	3w.

4. Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Does family qualify for admission over the very low-income limit? (Y or N)	4d.
4e. Continually assisted? (head of household only) (Y or N)	***4e.***

5. Unit to be Occupied on Effective Date of Action

5a. Unit address

Number and street		Apt.
City	State	Zip code (+4)

5b. Is mailing address same as unit address? (Y or N) (If yes, skip to 5d)	***5b.***

5c. Family's mailing address

Number and street		Apt.
City	State	Zip code (+4)

5d. Number of bedrooms in unit	5d.
5e. Has the PHA identified this unit as an accessible unit? *(Public/Indian Housing only)* (Y or N)	5e.
5f. Has the family requested accessibility features? *(Public/Indian Housing only)* (Y or N) *(If no, skip to 5h)*	5f.
5g. Has the family received requested accessibility features? *(Public/Indian Housing only)* ☐ a. Yes, fully ☐ b. Yes, partially ☐ c. No, not at all ☐ d. Action pending (can be checked in combination with b. or c.)	5g.
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership)	***5h.***
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)	***5i.***

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
6f, 6g. Column totals				$ 6f.	$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h					$ 6i.
6j. Final asset income: Larger of 6g or 6i (If $5,000 or less, put 0)					$ 6j.

7. Income

7a. Family member name	No.	7b. Income code	7c. Calculation (PHA use)	7d. Dollars per year	*7e. Income exclusions (includes income disallowance and ISA-Public Housing only)*	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total						$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						$ 7i.

7b: Income Code

P = pension	S = SSI	G = general assistance	I = Indian trust/per capita
B = own business	F = Federal wage	W = other wage	N = other nonwage sources
SS = social security	T = TANF	C = child support	***E = medical income***
M = military pay	HA = HA wage	U = unemployment benefits	

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

8. Expected Income Per Year

8a. Total annual income: copy from 7j	$ 8a.

Permissive Deductions

8b. Family member name	*No.*	*8c. Type of permissive deduction*	*8d. Amount*
			$
			$
			$
8e. Column total			***$ 8e.***

If head/spouse/co-head is under 62 and no family member disabled, skip to 8q	
8f. Medical/disability threshold: 8a X 0.03	$ 8f.
8g. Total unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	$ 8g.
8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	$ 8h.
If negative and head/spouse/co-head under 62 and head/spouse/co-head not disabled, put 0	$ 8h.
If negative and head/spouse/co-head elderly or head/spouse/co-head disabled, copy from 8g	$ 8h.
8i. Earnings in 7d made possible by disability assistance expense	$ 8i.
8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or head/spouse/co-head disabled, copy from 8h)	$ 8j.
8k. Total out of pocket Medical Expense (if head/spouse/co-head under 62 and head/spouse/co-head not disabled, put 0)	$ 8k.
8m. Total disability assistance and medical expenses: 8j + 8k (if no disability expenses, copy from 8k)	$ 8m.
8n. Medical/disability assistance allowance: If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	$ 8n.
If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	$ 8n.
8p. Elderly/disability allowance (default = $400)	$ 8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Don't count head, spouse, co-head, foster child/adult, or live-in aide).	$ 8q.
8r. Allowance per dependent (default = $480)	$ 8r.
8s. Dependent allowance: 8q X 8r	$ 8s.
8t. Yearly childcare costs that are not reimbursed	$ 8t.
8u. Travel cost to work *(Indian Housing only)*	$ 8u.
8v. Reserved	
8w. Reserved	

8x. Total allowances: 8e + 8n + 8p + 8s + 8t +8u		$ 8x.
8y. Total annual income minus total allowances: 8a minus 8w (if 8w is larger, put 0)		$ 8y.
8z. Annual imputed welfare income (sanction as determined by TANF agency)		***$ 8z.***
8aa. Adjusted annual income: 8x + 8y		$ 8aa.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

9. TTP

9a. Total monthly income: 8a ÷ 12	$ 9a.	
9b. Reserved		
9c. TTP if based on annual income: 9a X 0.10	$ 9c.	
9d. Adjusted monthly income: 8z ÷ 12	$ 9d.	
9e. Reserved		
9f. TTP if based on adjusted annual income: 9d X 0.30	$ 9f.	
9g. Welfare rent per month (if none, put 0)	$ 9g.	
9h. Minimum rent, put 0 if waived	$ 9h.	
9i. Enhanced Voucher TTP	***$ 9i.***	
9j. TTP, highest of lines 9c, 9f, 9g, or 9h (If enhanced Voucher, highest of 9c, 9f, 9g, 9h, or 9j)		$ 9j.
9k. Most recent TTP	$ 9k.	
9m. Qualify for minimum rent hardship? (Y or N)	***9m.***	

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

10. Public Housing, Indian Rental, and Turnkey III

10a. TTP: copy from 9k		$ 10a.	
10b. Flat rent		***$ 10b.***	
Rent Calculation (if prorated rent, skip to 10i)			
10c. Ceiling rent, if any		$ 10c.	
10d. Lower of TTP or ceiling rent (If no ceiling rent, put 10a)		$ 10d.	
10e. Utility allowance, if any		$ 10e.	
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent		10f.
	If negative, credit tenant	or CR	$ 10f.
10g. Reserved			
Prorated Rent Calculation			
10h. Public/Indian Housing maximum rent		$ 10h.	
10i. Family maximum subsidy: 10i minus 10a		$ 10i.	
10j. Total number eligible		10j.	
10k. Total number in family		10k.	
10m. Reserved			
10n. Eligible subsidy (10i ÷ 10k) X 10j		$ 10n.	
10p. Mixed family TTP: 10h minus 10n		$ 10p.	
10q. Reserved			
10r. Utility allowance, if any		$ 10r.	
10s. Mixed family tenant rent: 10p minus 10r	If positive or 0, put tenant rent		$ 10s.
	If negative, credit tenant	or CR	$ 10s.
10t Reserved			

Type of Rent

10u. Type of rent selected:

☐ ***Income based*** ☐ ***Flat***

10v. Reserved

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

11. Section 8: Pre-merger Certificates Only (Except Owner-Occupied Manufactured Home on Rented Space/Pad)

11a.	Number of bedrooms on certificate		11a.
11b.	Is family now moving to this unit? *(project-based certificates only)* (Y or N)		11b.
11c.	Reserved		
11d.	Portability? (Y or N) *(If no, skip to 11g)*		11d.
11e.	Cost billed per month (put 0 if absorbed)		$ 11e.
11f.	PHA code billed		11f.
11g.	Check all housing types that apply: ☐ Project-based certificate program unit ☐ IGR: has continual supportive services (prorate gross rent) ☐ SRO: 1 room occupied by 1 person		
11h.	Owner name		11h.
11i.	Owner TIN/SSN		11i.
11j.	Reserved		
11k.	Contract rent to owner (if unit has other subsidy, put subsidized rent)	$ 11k.	
11m.	Utility allowance, if any	$ 11m.	
11n.	Gross rent of unit: 11k + 11m	$ 11n.	
11p.	Reserved		
11q.	TTP: copy from 9k	$ 11q.	
Rent Calculation (if prorated rent, skip to 11aa)			
11r.	Total HAP: 11n minus 11q. If 11q is larger, put 0	$ 11r.	
11s.	Tenant rent: 11k minus 11r — If positive or 0, put tenant rent.	$ 11s.	
	If negative, credit tenant or CR	$ 11s.	
11t.	HAP to owner: lower of 11k or 11r		$ 11t.

Prorated Rent Calculation

11aa.	Normal total HAP: 11n minus 11q (skip to 11ae)	$ 11aa.	
11ab.	Reserved		
11ac.	Reserved		
11ad.	Reserved		
11ae.	Total number eligible	11ae.	
11af.	Total number in family	11af.	
11ag.	Proration percentage: 11ae ÷ 11af	11ag.	
11ah.	Prorated total HAP: 11aa X 11ag	$ 11ah.	
11ai.	Mixed family TTP: 11n minus 11ah	$ 11ai.	
11aj.	Utility allowance: copy from 11m	$ 11aj.	
11ak.	Mixed family tenant rent: 11ai minus 11aj — If positive or 0, put tenant rent		$ 11ak.
	If negative, credit tenant or CR		$ 11am.
11am.	Reserved		
11an.	Prorated HAP to owner: 11k minus 11ak if 11ak is negative, put 11k		$ 11an.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

12. Section 8 Vouchers

12a. Number of bedrooms on voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.
12c. Does the family qualify as a Hard to House family? (Y or N)		12c.
12d. Portability? (Y or N) (If no, skip to 12g)		12d.
12e. Cost billed per month (put 0 if absorbed)		$ 12e.
12f. PHA code billed		12f.

12g. Check all housing types that apply:

- ☐ IGR: has continual supportive services (prorate gross rent)
- ☐ Project-based voucher program unit
- ☐ Own manufactured home, space lease
- ☐ SRO: 1 room occupied by 1 person

12h. Owner name		12h.
12i. Owner TIN/SSN		12i.
12j. Voucher payment standard (if premerger voucher, see Instruction Booklet)	$ 12j.	
12k. Rent to owner	$ 12k.	
12m. Utility allowance, if any	$ 12m.	
12n. Gross rent of unit: 12k + 12m (or "Space Rent")	$ 12n.	
12p. Lower of 12j or 12n	$ 12p.	
12q. TTP: copy from 9k	$ 12q.	
12r. Total HAP: 12p minus 12q	$ 12r.	
Rent Calculation (if prorated rent, skip to 12ab)		
12s. Total family share: 12n minus 12r	$ 12s.	
12t. HAP to owner: lower of 12k or 12r	$ 12t.	
12u. Tenant rent to owner: 12k minus 12t		$ 12u.
12v. Utility reimbursement to family: 12r minus 12t		$ 12v.
Prorated Rent Calculation		
12aa. Reserved		
12ab. Normal total HAP: copy from 12r		$ 12ab.
12ac. Total number eligible	12ac.	
12ad. Total number in family	12ad.	
12ae. Proration percentage: 12ac ÷ 12ad	12ae.	
12af. Prorated total HAP: 12ab X 12ae	12af.	
12ag. Mixed family total family contribution: 12n minus 12af	$ 12ag.	
12ah. Utility allowance: copy from 12m	$ 12ah.	
12ai. Mixed family tenant rent to owner: 12ag minus 12ah — If positive or 0, put tenant rent		$ 12ai.
12ai. Mixed family tenant rent to owner: 12ag minus 12ah — If negative, credit tenant	or CR	$ 12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k		$ 12aj.
12ak. Reserved		

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

13. Section 8: Mod Rehab (Except Converted to Certificate)

13a.	HAP contract number	— — — R —	13a.
13b.	Mod Rehab SRO Program for homeless? (Y or N)		13b.
13c.	Mod Rehab SRO unit (not homeless program)? (Y or N)		13c.
13d.	Owner name		13d.
13e.	Owner TIN/SSN		13e.
13f.	Current base rent	$ 13f.	
13g.	Rehabilitation debt service	$ 13g.	
13h.	Contract rent to owner: 13f + 13g	$ 13h.	
13i.	Utility allowance, if any	$ 13i.	
13j.	TTP: copy from 9k	$ 13j.	

Rent Calculation (if prorated, skip to 13p)

13k.	Tenant rent: 13j minus 13i (if 13j is greater than 13h + 13i, put 13h)	If positive or 0, put tenant rent	$ 13k.
		If negative, credit tenant or CR	$ 13k.
13m.	HAP to owner: 13h minus 13k (if 13k is negative, put 13h)		$ 13m.
13n.	Reserved		

Prorated Rent Calculation

13p.	Gross rent: 13h + 13i	$ 13p.	
13q.	Normal total HAP: 13p minus 13j	$ 13q.	
13r.	Total number eligible	$ 13r.	
13s.	Total number in family	$ 13s.	
13t.	Proration percentage: 13r ÷ 13s	$ 13t.	
13u.	Prorated total HAP: 13q X 13t	$ 13u.	
13v.	Mixed family TTP: 13p minus 13u	$ 13v.	
13w.	Utility allowance: copy from 13i	$ 13w.	
13x.	Mixed family tenant rent: 13v minus 13w	If positive or 0, put tenant rent	$ 13x.
		If negative, credit tenant **or CR**	$ 13x.
13y.	Reserved		
13z.	Prorated HAP to owner: 13h minus 13x. If 13x is negative, put 13h		$ 13z.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

14. Manufactured Home Owner Renting the Space (pre-merger Certificates only)

14a.	Number of bedrooms on certificate		14a.
14b.	Reserved		
14c.	Portability? (Y or N) *(if no skip to 14g)*		14c.
14d.	Cost billed per month (put 0 if absorbed)		$ 14d.
14e.	PHA code billed		14e.
14f.	Reserved		
14g.	Space owner name		14g.
14h.	Space owner TIN/SSN		14h.
14i.	Reserved		
14j.	Furniture included in purchase price? (Y or N)		14j.
14k.	Monthly amortization payment	$ 14k.	
14m.	Deduction: if 14j = Y, 14k X .0.15. If 14j = N, put 0	$ 14m.	
14n.	Adjusted amortization: 14k minus 14m	$ 14n.	
14p.	Utility allowance, if any	$ 14p.	
14q.	Rent to owner (space rent)	$ 14q.	
14r.	Gross rent: 14n + 14p + 14q	$ 14r.	
14s.	TTP: copy from 9k	$ 14s.	
14t.	Gross rent minus TTP: 14r minus 14s	$ 14t.	
14u.	Reserved		
14v.	HAP to owner: lower of 14r or 14s		$ 14v.

Rent Calculation (if prorated rent, skip to 14aa)

14w.	Tenant rent: 14q minus 14v	$ 14w.
14x.	Reserved	

Prorated Rent Calculation

14aa.	Total number eligible	14aa.	
14ab.	Total number in family	14ab.	
14ac.	Proration percentage: 14aa ÷ 14ab	14ac.	
14ad.	Prorated HAP to owner: 14v X 14ac	$ 14ad.	
14ae.	Mixed family TTP: 14r minus 14ad	$ 14ae.	
14af.	Reserved		
14ag.	Mixed family tenant rent: 14q minus 14ad		$ 14ag.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

15. Section 8: Homeownership

15a. Is family now moving to this home? (Y or N)	*15a.*	
15b. Date (mm/dd/yyyy) of initial inspection	*15b.*	
15c. Portability? (Y or N) (if no, skip to 15f)	*15c.*	
15d. Cost billed per month (put 0 if absorbed)	*15d.*	
15e. PHA code billed	*15e.*	
15f. Monthly homeownership expense (PITI & MIP if applicable)	*$ 15f.*	
15g. Utility allowance	*$ 15g.*	
15h. Monthly maintenance allowance	*$ 15h.*	
15i. Monthly major repair/replacement allowance	*$ 15i.*	
15j. Monthly principal and interest on debt for improvements, if any	*$ 15j.*	
15k. Gross homeownership expense: 15f + 15g + 15h + 15i + 15j	*$ 15k.*	
15m. Payment standard	*$ 15m.*	
15n. Lower of 15k and 15m	*$ 15n.*	
15p. TTP: copy from 9k	*$ 15p.*	
15q. HAP: 15n minus 15p (If 15p is larger, put 0)	*$ 15q.*	

Subsidy Calculation (if prorated, skip to 15aa)

15r. Total family share: 15k minus 15q		*$ 15r.*
Prorated Subsidy Calculation		
15aa. Normal total HAP: copy from 15q	*15aa.*	
15ab. Total number eligible	*15ab.*	
15ac. Total number in family	*15ac.*	
15ad. Proration percentage: 15ab ÷ 15ac	*15ad.*	
15ae. Prorated HAP: 15aa X 15ad	*$ 15ae.*	
15af. Mixed family total family share: 15k minus 15ae		*$ 15af.*
15ag. Reserved		
15ah. Reserved		

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

16. Indian Mutual Help

16a.	Adjusted monthly income: copy from 9d	$ 16a.	
16b.	Number between 0.15 and 0.30 corresponding to the % in the mutual help agreement	16b.	
16c.	Gross family cost: 16a X 16b	$ 16c.	
16d.	Utility allowance, if any	$ 16d.	
16e.	Net cost: 16c minus 16d (if 16d is larger, put 0)	$ 16e.	
16f.	Administration charge	$ 16f.	
16g.	Maximum monthly payment in agreement, if any (usually 16f + monthly debt service)	$ 16g.	
16h.	Family cost: higher of 16e and 16f, but not greater than 16g		$ 16h.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

17. FSS/Welfare to Work Voucher Addendum

17a.	***Participate in special programs? (check all that apply)*** ☐ ***FSS*** ☐ ***Welfare to Work Voucher***	
17b.	FSS report category *(check no more than one)* ☐ Enrollment ☐ Progress ☐ Exit	
17c.	FSS effective date (mm/dd/yyyy) of action	17c.
17d.	***PHA code of PHA Administering FSS contract***	***17d.***
17e.	***Welfare to Work report category (check no more than one)*** ☐ ***Enrollment*** ☐ ***Progress*** ☐ ***Exit***	
17f.	***WtW effective date (mm/dd/yyyy) of action***	***17f.***
17g.	***PHA code of PHA that issued the WtW voucher***	***17g.***
17h.	General Information	
	(1) Current employment status of head of household. Check the box to indicate the Head of Household's employment status at the time Addendum completed. ☐ Full-time (32 hours per week or more) ☐ Part-time ☐ Not employed seasonal	
	(2) Date (mm/yyyy) current employment began	***17h(2).***
	(3) Benefits in current employment: ☐ ***Health*** ☐ ***Retirement Account*** ☐ ***Other*** ☐ ***None***	
	(4) Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum submitted. (0-25)	17h(4).
	(5) Assistance received by the Family: (check all that apply) ☐ ***TANF Income Assistance?*** ☐ ***General Assistance?*** ☐ ***Food Stamps?*** ☐ ***Medicaid/Children's Health Insurance Program?*** ☐ ***Earned Income Tax Credit?***	
	(6) Number of children receiving child care services	***17h(6).***

17i. Family Services Table

	(1) Need (Y or N)	(2) Needs Met Through Program (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/Job training			
Job search/Job placement			
Job retention			
Transportation			
Health services			
Drug treatment/Rehabilitation			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

17i (3) Service Provider Codes:

P = PHA	*D = DOL grantee*	*PR = For profit entity*	*E = Employer*
T = TANF agency	*V = Voluntary organization*	*N = Nonprofit agency*	*C = Community college*

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

Family Self Sufficiency Program ***(if not in FSS program, skip to 17n)***

17j.	**FSS Contract Information**	
	(1) Initial start date (mm/yyyy) of contract of participation *(FSS enrollment report only)*	17j(1).
	(2) Initial end date (mm/yyyy) of contract of participation *(FSS enrollment report only)*	17j(2).
	(3) Contract date (mm/yyyy) extended to (if applicable)	17j(3).
	(4) Number of family members with Individual Training and Services Plan	***17j(4).***
	(5) Did the Family receive selection preference because of an FSS related service program participation? (FSS enrollment report only) (Y or N)	***17j(5).***
17k.	**FSS account information**	
	(1) Current FSS account monthly credit	$ 17k(1).
	(2) Current FSS account balance	$ 17k(2).
	(3) FSS account amount disbursed to the family (cumulative as of end of reporting period)	***$ 17k(3).***
17m.	**FSS exit Information (FSS Exit Report only)**	
	(1) Did family complete contract of participation? (Y or N)	$ 17m(1).
	(2) If (1) is Yes, did family move to homeownership? (Y or N)	$ 17m(2).

(3) If (1) is No, reason for exit: ☐ Left voluntarily ☐ Asked to leave program ☐ ***Portability move-out***
☐ Left because essential service was unavailable ☐ Contract expired but family did not fulfill obligations

Welfare to Work Voucher Program

17n.	***WtW program information***	
	(1) Date (mm/yyyy) Voucher issued (WtW enrollment report only)	***17n(1).***
	(2) Number of days to find a unit (WtW enrollment report only))	***17n(2).***
	(3) Date (mm/yyyy) of initial lease/HAP contract under WtW	***17n(3).***

(4) Help in housing search from: ☐ ***PHA*** ☐ ***TANF Agency*** ☐ ***Other***

17p. If assisted in a different unit, reason(s): (check all that apply) (WtW enrollment report only))

☐ ***Closer to day care*** ☐ ***Employment*** ☐ ***Transportation*** ☐ ***Closer to other services***
☐ ***Pre-program unit would not meet HQS*** ☐ ***Pre-program unit rent above payment standard, tenant rent too high***
☐ ***Owner of pre-program unit unwilling to participate*** ☐ ***Other***

17q. Welfare to Work exit Information (WtW exit report only))

Reason for leaving program:

☐ ***Portability move-out***
☐ ***Family no longer needs subsidy***
☐ ***Subsidy terminated for Section 8 program violation, other than WtW obligations***
☐ ***Subsidy terminated for violation of WtW obligations***
☐ ***Family voluntarily withdrew from Section 8 program***
☐ ***Move to homeownership***
☐ ***Other***

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

MTW Family Report

U.S. Department of Housing and Urban Development — Office of Public and Indian Housing

1. MTW Public Housing Agency

1a. Agency name		1a.
1b. PHA code		*1b.*
1c. Program	(P= Project-based T = Tenant-based H = Homeownership)	1c.
1d. Project number (Current Public Housing only)	*Suffix:*	*1d.*
1e. Building number (Current Public Housing only)		*1e.*
1f. Unit number (Current Public Housing only)		*1f.*

2. MTW Action

2a. Type of action 1 = New Admission 2 = Annual Reexamination 3 = Interim Reexamination 4 = Portability Move-in 5 = Portability Move-out 6 = End Participation 7 = Other Change of Unit *8 = Self Sufficiency Program Only 9 = Annual Reexamination Searching 10 = Issuance of Voucher equivalent 11 = Expiration of Voucher equivalent 12 = Flat Rent Annual Update 13 = Annual HQS Inspection Only 14 = Void Family*	2a.
2b. Effective date (mm/dd/yyyy) of action	2b.
2c. Correction? (Y or N)	*2c.*
2d. If correction: (check primary reason) ☐ *Family income correction* ☐ *PHA income correction* ☐ *Family correction (non-income)* ☐ *PHA correction (non-income)*	
2e. Correction date (mm/dd/yyyy)	*2e.*
2f. Back rent agreement? (Y or N)	*2f.*
2g. Monthly amount of back rent payment	*$ 2g.*
2h. Date (mm/dd/yyyy) of admission to program	2h.
2i. Projected effective date (mm/dd/yyyy) of next reexamination	2i.
2j. Special program(s) (check all that apply): ☐ *Traditional FSS* ☐ *Other*	
2k. Other special programs: Number 01	*2k.*
2k. Other special programs: Number 02	*2k.*
2k. Other special programs: Number 03	*2k.*
2k. Other special programs: Number 04	*2k.*
2k. Other special programs: Number 05	*2k.*
2m. Use if instructed by HUD	2m.
2n. PHA use only	*2n.*
2p. PHA use only	*2p.*
2q. PHA use only	*2q.*
2r. PHA use only	*2r.*
2s. PHA use only	*2s.*

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

3. MTW Household Information

3a. Head of Household Member Number 01

3b. Last Name & Sr, Jr. etc.	3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action

3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race					3m. Ethnicity
	H					=1		=2	
						=3		=4	
						=5			

3n. Social Security Number	3p. Alien Registration Number	*3q. Meeting community service requirement? (Public Housing only)*
	A-	

3r. Total years of school (0-25)

3a. Member Number 02

3b. Last Name & Sr, Jr. etc.	3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action

3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race					3m. Ethnicity
						=1		=2	
						=3		=4	
						=5			

3n. Social Security Number	3p. Alien Registration Number	*3q. Meeting community service requirement? (Public Housing only)*
	A-	

3r. Total years of school (0-25)

3a. Member Number 03

3b. Last Name & Sr, Jr. etc.	3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action

3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race					3m. Ethnicity
						=1		=2	
						=3		=4	
						=5			

3n. Social Security Number	3p. Alien Registration Number	*3q. Meeting community service requirement? (Public Housing only)*
	A-	

3r. Total years of school (0-25)

3a. Member Number 04

3b. Last Name & Sr, Jr. etc.	3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action

3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race					3m. Ethnicity
						=1		=2	
						=3		=4	
						=5			

3n. Social Security Number	3p. Alien Registration Number	*3q. Meeting community service requirement? (Public Housing only)*
	A-	

3r. Total years of school (0-25)

3a. Member Number 05

3b. Last Name & Sr, Jr. etc.	3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action

3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race					3m. Ethnicity
						=1		=2	
						=3		=4	
						=5			

3n. Social Security Number	3p. Alien Registration Number	*3q. Meeting community service requirement? (Public Housing only)*
	A-	

3r. Total years of school (0-25)

Codes:

3h. Relation:
H = head
S = spouse
K = co-head
F = foster child/foster adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

3k. Race:
1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

3m. Ethnicity:
1 = Hispanic or Latino
2 = Not Hispanic or Latino

3q. = Community Service
1 = n/a
2 = yes
3 = no
4 = pending
5 = exception

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
	3r. Total years of school (0-25)							

3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
	3r. Total years of school (0-25)							

3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
	3r. Total years of school (0-25)							

3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
	3r. Total years of school (0-25)							

3a. Member Number	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		*3q. Meeting community service requirement? (Public Housing only)*			
	3r. Total years of school (0-25)							

Codes:

3h. Relation:	3i. Citizenship:	*3k. Race:*	*3m. Ethnicity:*
H = head	EC = eligible citizen	*1 = White*	*1 = Hispanic or Latino*
S = spouse	EN = eligible noncitizen	*2 = Black/African American*	*2 = Not Hispanic or Latino*
K = co-head	IN = ineligible noncitizen	*3 = American Indian/Alaska Native*	
F = foster child/foster adult	PV = pending verification	*4 = Asian*	*3q. = Community Service*
Y = other youth under 18		*5 = Native Hawaiian/Other Pacific Islander*	*1 = n/a*
E = full-time student 18+			*2 = yes*
L = live-in aide			*3 = no*
A = other adult			*4 = pending*
			5 = exception

3s. Continued on an additional sheet? (Y or N) 3s.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

3t. Total number in household	3t.
3u. Family subsidy status under Noncitizen rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of status T = Temporary deferral of termination P = Prorated assistance	3u.
3v. Effective date (mm/dd/yyyy) if 3u = C or T	3v.
3w. If new head of household, former head of household's SSN	3w.

4. MTW Family Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Does family qualify for admission over the very low-income limit? (Y or N)	4d.
4e. Continually assisted? (head of household only) (Y or N)	***4e.***

5. MTW Unit Information

5a. Unit address			
Number and street			Apt.
City	State	Zip code (+4)	
5b. Is mailing address same as unit address? (Y or N) (If yes, skip to 5d)			***5b.***
5c. Family's mailing address			
Number and street			Apt.
City	State	Zip code (+4)	
5d. Number of bedrooms in unit			5d.
5e. Has the PHA identified this unit as an accessible unit? *(current Public Housing only)* (Y or N)			5e.
5f. Has the family requested accessibility features? *(current Public Housing only)* (Y or N) *(If no, skip to 5h)*			5f.
5g. Has the family received requested accessibility features? *(current Public Housing only)* ☐ a. Yes, fully ☐ b. Yes, partially ☐ c. No, not at all ☐ d. Action pending (can be checked in combination with b. or c.)			5g.
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership)			***5h.***
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)			***5i.***

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

6. MTW Asset Income

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use only)	6d. Cash value of asset (PHA use only)	6e. Asset Income	6f. Asset Income Excluded
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g., 6h., 6i. Column totals				$ 6g.	$ 6h.	$ 6i.
6j. Total asset income: 6h minus 6i *(only include if more than $5000)*						$ 6j.

7. MTW Family Income

7a. Family member name	No.	7b. Income code	7c. Calculation (PHA use only)	7d. Dollars per year
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
7e. Column total				$ 7e.

7f.	Income exclusions	$ 7f.
7g.	Income after income exclusions: 7e minus 7f	$ 7g.
7h.	Total annual income: 6j + 7g	$ 7h.
7i.	Deductions	$ 7i.
7j.	Total annual income minus deductions: 7h minus 7i	$ 7j.
7k.	***Annual imputed welfare income (sanction as determined by TANF agency)***	***$ 7k.***
7m.	Adjusted annual income: 7j + 7k	$ 7m.

7b. Income Code

P = pension	S = SSI	G = general assistance	I = Indian trust/per capita
B = own business	F = Federal wage	W = other wage	N = other nonwage sources
SS = social security	T = TANF	C = child support	***E = medical income***
M = military pay	HA = HA wage	U = unemployment benefits	***X = MTW income***

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

8. Project-Based Family Rental Information

8a.	Indicate if flat or income-based rent (F = Flat I = Income-based)	$ 8a.
8b.	Tenant rent	$ 8b.
8c.	Mixed family tenant rent	$ 8c.
8d.	Utility allowance/estimate	$ 8d.
8e.	Reserved	

9. Tenant-Based Family Rental Information

9a.	Indicate if flat subsidy or income-based rent (F = Flat subsidy I = Income-based)	9a.
9b.	Number of bedrooms on voucher/equivalent	9b.
9c.	Family is now moving to this unit? (Y or N)	9c.
9d.	Portability? (Y or N)	9d.
9e.	Cost billed per month	9e.
9f.	PHA code billed	9f.
9g.	Owner name	9g.
9h.	Owner TIN/SSN	9h.
9i.	Rent to owner	$ 9i.
9j.	Utility allowance/estimate	$ 9j.
9k.	Gross rent of unit	$ 9k.
9m.	Flat subsidy amount, if any	$ 9m.
9n.	Tenant rent	$ 9n.
9p.	Mixed family tenant rent	$ 9p.
9q.	Reserved	

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

10. MTW Home Ownership

10a.	Indicate if flat subsidy or income-based homeownership payment (F = Flat subsidy I = Income-based)	10a.	
10b.	Is family now moving to this home? (Y or N)	10b.	
10c.	Date (mm/dd/yyyy) of initial inspection	10c.	
10d.	Portability? Y or N (if no, skip to 10f)	10d.	
10e.	Cost billed per month (put 0 if absorbed)	10e.	
10f.	PHA code billed	10f.	
10g.	Monthly homeownership expense (PITI & MIP if applicable)	$ 10g.	
10h.	Utility allowance/estimate	$ 10h.	
10i.	Other monthly allowance, if any	$ 10i.	
10j.	Reserved		
10k.	Reserved		
10m.	Gross homeownership expense: 10g + 10h + 10i	$ 10m.	
10n.	Flat subsidy amount	$ 10n.	
10p.	Tenant rent		$ 10p.
10q.	Mixed family tenant rent		$ 10q.
10r.	Reserved		

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

11. Self-Sufficiency Addendum

11a. Family participation in self sufficiency programs ☐ Traditional FSS ☐ MTW

11b. Report category *(check no more than one)* ☐ Enrollment ☐ Progress ☐ Exit

11c. Effective date (mm/dd/yyyy) of action — 11c.

11d. Reserved

11e. Reserved

11f. PHA code of PHA Administering FSS contract — 11f.

11g. Reserved

11h. General Information

(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time Addendum completed.

☐ Full-time (32 hours per week or more) ☐ Part-time ☐ Not employed

(2) Date (mm/yyyy) current employment began — 11h(2).

(3) Benefits in current employment: ☐ Health ☐ Retirement Account ☐ Other ☐ None

(4) Reserved — 11h(4).

(5) Assistance received by the Family: (check all that apply)

☐ TANF Income Assistance? ☐ General Assistance? ☐ Food Stamps?

☐ Medicaid/Children's Health Insurance Program? ☐ Earned Income Tax Credit?

(6) Number of children receiving child care services — 11h(6).

11i. Family Services Table

	(1) Enrolled During Reporting Period (Y or N)	(2) Completed During Reporting Period (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/Job training			
Job search/Job placement			
Job retention			
Transportation			
Health services			
Drug treatment/Rehabilitation			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

11i (3) Service Provider Codes

P = PHA D = DOL grantee PR = For profit entity E = Employer

T = TANF agency V = Voluntary organization N = Nonprofit agency C = Community college

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy)

11j.	**Self-Sufficiency Contract Information**	
	(1) Initial start date (mm/yyyy) *(enrollment report only)*	11j(1).
	(2) Initial end date (mm/yyyy) *(enrollment report only)*	11j(2).
	(3) Program extension date (mm/yyyy) *(if applicable)*	11j(3).
	(4) Number of family members with Individual Training and Services Plan	11j(4).
	(5) Did the family receive selection preference because of a related service? (enrollment report only) (Y or N)	
11k.	**Escrow Account Information**	
	(1) Current monthly credit	$ 11k(1).
	(2) Current account balance	$ 11k(2).
	(3) Account amount disbursed to the family (cumulative as of end of reporting period)	$ 11k(3).
11m.	Exit Information (complete only for Exit Report)	
	(1) Did family complete contract of participation? (Y or N)	
	(2) If (1) is Yes, did family move to homeownership? (Y or N)	
	(3) If (1) is No, reason for exit: ☐ Left voluntarily ☐ Asked to leave program ☐ Portability move-out ☐ Left because essential service was unavailable ☐ Contract expired but family did not fulfill obligations	

[FR Doc. 00–7784 Filed 3–29–00; 8:45 am]
BILLING CODE 4210–33–C