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 userfriendly 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/y	/уу)			
Family Report	U.S. Depart	ment of Housing and Ur	ban Developmen	t Office	of Public	and	India	ın Ho	ousing
1. Agency									
1a. Agency name									1a.
1b. PHA code									1 <i>b.</i>
1c. Program	(P= Public	Housing CE= Sec. 8 Cert MR= Mod Rehab	ificates VO= B= Indian Housing)	Sec. 8 Vouchers					1c.
1d. Project number (Publ	lic/Indian Housing	ı only)			Suf	fix:			1d.
1e. Building number (Pul	blic/Indian Housin	ig only)							1e.
1f. Unit number (Public/I	Indian Housing or	nly)							1f.
2. Action									
	End Participation 7 = C	amination 3 = Interim Reexamina ther Change of Unit 8 = FSS/Wtk rer 12 = Flat Rent Annual Update	V Only 9 = Annual Re	examination Sear					2a.
2b. Effective date (mm/d	dd/yyyy) of action								2b.
2c. Correction? (Y or N	V)								2c.
2d. If correction: (chec	k primary reason)	Family income cor	rection	PHA in	come co	rrect	ion		
		Family correction (non-income)	PHA co	orrection	(non	-inco	ome)	
2e. Correction date (mi	mlddlyyyy)								2e.
2f. Back rent agreeme	nt? (Yor N)								2f.
2g. Monthly amount of	^f back rent payme	nt		<u></u>		\$			2g.
2h. Date (mm/dd/yyyy) c	of admission to pro	gram							2h.
2i. Projected effective d	iate (mm/dd/yyyy)	of next reexamination							2i.
2j. Special program(s) (c			ed Voucher		Welfard	e to V	Vork	Vou	cher
2k. Other special program Number 01	ms:								2k.
2k. Other special program Number 02	ms:								2k.
2k. Other special program Number 03	ms:								2k.
2k. Other special program Number 04	ms:								2k.
2k. Other special program Number 05	ms:								2k.
2m. Use if instructed by HU	JD								2m.
2n. PHA use only									2n.
2p. PHA use only									2р.
2q. PHA use only									2q.
2r. PHA use only									2r.
2s. PHA use only									2s.

Неа	d of Household	Name		s	ocial S	Security Num	ber			Date N	lodified	i (mm/c	ld/yyy	у)	
3.	Househo	ld													
	Head of Household	3b. Last №	Name & Sr, Jr. etc.			3c. First nam	e		3d. MI	3e. Da	ate of bir	th		3f. Age or date	n effective of action
	Member Number 01	3g. Sex	3h. Relation H	3i. Cit	izenship)	3j. Disability (Y/N)		3k. Race	•		=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	Security Number		3p. Al A	ien Registratior	Number	3q	. Meeting c only)	ommu	nity serv	vice req	uireme	ent? (Publi	c Housing
За.	Member Number	3b. Last №	Name & Sr, Jr. etc.			3c. First nam	e		3d. Mi	3e. Da	ate of bir	th		3f. Age or date	n effective of action
	02	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race	1		=1 =3 =5	1. (Dr.)	=2 =4	3m. Ethnicity
		3n. Socia	I Security Number		Зр. Al A	ien Registration	n Number	3q	. Meeting c only)	ommu	nity serv	vice req	uireme	ont? (Publi	c Housing
За.	Member Number	3b. Last №	Name & Sr, Jr. etc.			3c. First nam	e		3d. MI	3e. Da	ate of bir	th		3f. Age or date	n effective of action
	03	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	Security Number	J	3p. Al A	lien Registration	n Number	3q	. Meeting c only)	ommu	nity serv	vice req	uireme	ent? (Publi	ic Housing
За.	Member Number	3b. Last M	Name & Sr, Jr. etc.			3c. First nam	e		3d. Ml	3e. Da	ate of bir	th		3f. Age or date	n effective of action
	04	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5	-	=2 =4	3m. Ethnicity
		3n. Socia	Security Number	1	3p. Al	lien Registration	n Number	39	. Meeting o only)	ommu	nity serv	vice req	uireme	ent? (Publi	ic Housing
За.	Member Number	3b. Last I	Name & Sr, Jr. etc.			3c. First nam	e		3d. MI	3e. Di	ate of bir	th		3f. Age of date	n effective of action
	05	3g. Sex	3h. Relation	3i. Cit	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	Security Number	L		lien Registration	n Number	30	ą. Meeting o only)	ommu	nity ser	vice req	Contraction of the		ic Housing
3a.	Member Number	3b. Last f	Name & Sr, Jr. etc.			3c. First nam	le	<u>.</u>	3d. MI	3e. D	ate of bir	th	<u> </u>	3f. Age o date	n effective of action
	06	3g. Sex	3h. Relation	3i. Cit	zenship	>	3j. Disability (Y/N)		3k. Race	1		=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	I Security Number	L		lien Registratio	n Number	30	ą. Meeting o oniy)	commu	nity ser	vice req		and a standard farmers	ic Housing
Co	des:														
3h. H = S = K = F = Y = L =	Relation: head spouse co-head foster child/foste other youth unde full-time student live-in aide other adult	er 18	3i. Citizer EC = eligi EN = eligi IN = ineli PV = pen	ible citize ible nonci igible non	tizen citizen		3k. Race: 1 = White 2 = Black/African 3 = American Indi 4 = Asian 5 = Native Hawaii	ianlı	Alaska Nativ		der		1 = 2 = 3q. = 1 = 2 = 3 = 4 =	Not Hisp	

Head of Househol	ld Name		s	ocial S	Security Num	ber		[1	Date M	lodified	(mm/c	ld/yyy	y)		
3a. Member Number	3b. Last N	lame & Sr, Jr. etc.	I,_,,,		3c. First nam	e		3d. Mi	3e. Da	ate of birt	h		3f. Age o date	n effec of acti	
	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race	<u> </u>		=1 =3		=2 =4	3m.	Ethnicity
	3n. Social	Security Number	I	3p. Al	lien Registration	Number	30	. Meeting c	commu	nity serv	=5 rice requ	uireme	nt? (Publ	ic Hou	sing
			_	А	1-			only)							
3a. Member Number	3b. Last N	Name & Sr, Jr. etc.			3c. First nam	•·····		3d. Mi	3e. Da	ate of bir	h			n effec of acti	
	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5	in a subsection of the subsect	=2 =4	3m.	Ethnicity
	3n. Social	Security Number		3p. Al A	lien Registration	n Number	30	ą. Meeting c oniy)	commu	nity serv	rice req	uireme	nt? (Publ	ic Hou	ising
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	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m.	Ethnicity
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	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5	1010	=2 =4	3m.	Ethnicity
	3n. Social	I Security Number	I	3p. Al	lien Registratio	n Number	30	q. Meeting c only)	commu	nity serv	lce req	uireme	ent? (Publ	ic Hou	ising
3a. Member Number	3b. Last N	Name & Sr, Jr. etc.			3c. First nam	e		3d. Mi	3e. Da	ate of bir	th		3f. Age o date	n effec of act	
	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race	· • · · ·		=1 =3 =5		=2 =4	3m.	Ethnicity
	3n. Socia	I Security Number	I	Зр. Al	lien Registratio	n Number	30	q. Meeting o only)	commu	nity serv		(Second Second	alaan ah ta ta ta	ίς Ηοι	ising
3a. Member Number	3b. Last №	Name & Sr, Jr. etc.			3c. First nam	e		3d. Mi	3e. Da	ate of bir	th		3f. Age c date	n effeo of act	
	3g. Sex	3h. Relation	3i. Citi	zenship)	3j. Disability (Y/N)		3k. Race	<u> </u>		=1 =3 =5		=2 =4	3m.	Ethnicity
	3n. Socia	Security Number	I		lien Registratio	l n Number	30	q. Meeting c only)	commu	nity serv	I		ent? (Pub	l lic Hou	ising
Codes:				<u>.</u>			1	· · · ·							
3h. Relation: H = head S = spouse K = co-head F = foster child/fost Y = other youth und E = full-time studer L = iive-in aide A = other adult	der 18	3i. Citizer EC = eligi EN = eligi IN = ineli PV = peno	ble citizer ble nonci gible non	tizen citizen		3k. Race: 1 = White 2 = Black/African 3 = American Ind 4 = Asian 5 = Native Hawaii	ianl,	Alaska Nativ		ler		1 = 2 = 3q. = 1 = 2 = 3 =	Ethnicity: Hispanic Not Hisp Commu n/a yes no pending	c or La banic d nity Se	or Latino
3r. Continued	on an add	itional sheet?	(Y o	r N)								5 =	exceptio	on	3r.

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyy	/y)
3s. Reserved	· · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
3t. Total number in household			3t.
3u. Family subsidy status under N	oncitizen rule: C = Qualified for continuation of E = Eligible for full assistance F = Eligible for full assistance p T = Temporary deferral of termi P = Prorated assistance	ending verification of status	Зи.
3v. Effective date (mm/dd/yyyy) if	3u = C or T	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	3v.
3w. If new head of household, forn	ner head of household's SSN		3w.
4. Background at Admis	sion	· · · ·	
4a. Date (mm/dd/yyyy) entered wa	iting list	hann a bha an an ann an an ann an an ann an ann an a	4a.
4b. ZIP code before admission			4b.
4c. Homeless at admission? (Y of	pr N)		4c.
4d. Does family qualify for admiss	on 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 of	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 un	t as an accessible unit? (Public/Indian Hous	sing only) (Y or N)	5e.
5f. Has the family requested acce	ssibility features? (Public/Indian Housing onl	(y)	5f.
(Y or N) (If no, skip to 5h)			
		ousing only) n pending (can be checked in ination with b. or c.)	5g.
5h. Date (mmlddlyyyy) unit last	passed HQS inspection (Section 8 only, e	xcept Homeownership)	5h.
5i. Date (mm/dd/yyyy) of last ar	nnual HQS inspection (Section 8 only, exc	ept Homeownership)	5i.

- Head of Household Name
- Social Security Number

Date Modified (mm/dd/yyyy)

6. Assets

6a. Fami name	ly member e	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset		6e. Anticipated Income	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					S		\$	
6f, 6g.	Column total	s			\$ (6f.	\$	6g.
6h.	Passbook rat	te (writ	ten as decimal)				0	6h.
6i.	Imputed asse	et incor	ne: 6f X 6h				\$	6i.
6j.	Final asset in	ncome:	Larger of 6g or 6i	(If \$5,000 or less, put (0)			

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)		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
,				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
an a				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
7g. Column to	tal					\$ 7g.		
7h. Reserved								
7i. Total anni	ual inc	ome: 6j + 7	3				\$	7i.
7b: Income Code P = pension B = own busine SS = social secu M = military pay	ess rity		S = SSI F = Federal wage T = TANF HA = HA wage		G = general assistance W = other wage C = child support U = unemployment benefits	N = othe <i>E = m</i> eo	an trust/per capita r nonwage sources lical income	6

Previous editions are obsolete (03/02/00)

6j.

Head of Household Name	Social	Security Number	Date Modified (r	nm/dd/yyyy	/)	
8. Expected Income F	Per Year					
8a. Total annual income: copy					\$	8a.
			······································			
Permissive Deductions						••••••
8b. Family member name	No.	8c. Type of permissive deduction	8d. Amou	nt		
			\$			
17.200°00,°0000			\$			
			\$			
8e. Column total			\$	8e.		
If head/spouse/co-head is un	der 62 and no fami	ly member disabled, skip to 8q				
8f. Medical/disability threshold	d: 8a X 0.03		\$	8f.		
8g. Total unreimbursed disabil	lity assistance expen	se (if no disability expenses, skip to 8k)	\$	8g.		
8h. Maximum disability allowar	nce: If 8g minus 8f is	s positive or zero, put amount	\$	8h.		
	•	and head/spouse/co-head under 62 an se/co-head not disabled, put 0	d \$	8h.		
		and head/spouse/co-head elderly or se/co-head disabled, copy from 8g	\$	8h.		
8i. Earnings in 7d made poss	ible by disability assi	istance expense	\$	8i.	1	
	•	r of 8h or 8i (if 8g is less than 8f and co-head disabled, copy from 8h)	\$	8j.		
8k. Total out of pocket Medica head/spouse/co-head not		pouse/co-head under 62 and	\$	8k.		
8m. Total disability assistance copy from 8k)	and medical expens	es: 8j + 8k (if no disability expenses,	\$	8m.		
8n. Medical/disability assistant	lf no disab	ility assistance expenses or if 8g is less It 8m minus 8f (if 8m minus 8f is put zero)	\$	8n.		
	•	assistance expenses and 8g is greater ual to 8f, copy from 8m	\$	8n.		
8p. Elderly/disability allowance	e (default = \$400)		\$	8p.	1	
8q. Number of dependents (per count head, spouse, co-he		ith disability, or full-time student. Don't t, or live-in aide).	\$	8q.		
8r. Allowance per dependent	(default = \$480)		\$	8r.	1	
8s. Dependent allowance: 8q	X 8r		\$	8s.	1	
8t. Yearly childcare costs that	t are not reimbursed		\$	8t.	1	
8u. Travel cost to work (Indiar	n Housing only)		\$	8u.	1	
8v. Reserved	····				1	
8w. Reserved					1	
8x. Total allowances: 8e + 8n	+ 8p + 8s + 8t +8u	· · · · · · · · · · · · · · · · · · ·		· · ·	\$	8x.
	- · · · · · · · · · · · · · · · · · · ·	a minus 8w (if 8w is larger, put 0)			\$	8y.
		as determined by TANF agency)			\$	8z.
8aa.Adjusted annual income: 8					\$	8aa.

Previous editions are obsolete (03/02/00)

Form HUD-50058 (DRAFT)

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Head	of Household Name	Social Security Number	Date Modified	(mm/dd/yyyy	()	
9.	TTP		<u></u>			
9a	Total monthly income: 8a ÷ 12		\$	9a.		
9b. f	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 incom	e: 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)		9 <i>m</i> .		

Head of Household Name	Social S	ecurity Number	Date Mc	dified (mm/dd/yyyy	·)	
10.Public Housing, India	n Rental, and	l Turnkey III				
10a. TTP: copy from 9k			\$	10a.		··· ··
10b. Flat rent	·····		\$	10b.		
Rent Calculation (if prorated re	ent, skip to 10i)		· ·			
10c. Ceiling rent, if any			\$	10c.		
10d. Lower of TTP or ceiling rent (I	f no ceiling rent, p	ut 10a)	\$	10d.		
10e. Utility allowance, if any			\$	10e.		
10f. Tenant rent: 10d minus 10e	If positive or 0, p	out tenant rent		·		10f.
	If negative, cred	it tenant		or CR	\$	10f.
10g. Reserved						
Prorated Rent Calculation						
10h. Public/Indian Housing maximu	um 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 ter	nant rent		\$	10s.
		If negative, credit tena	ant	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/yyy	'y)	
11. Section 8: Pre-merger Rented Space/Pad)	r Certificates Only (Except Ov	/ner-Occu	pied Manufactur	ed Ho	ome on
11a. Number of bedrooms on certi	ficate		· · · · · · · · · · · · · · · · · · ·	T	11a.
11b. Is family now moving to this u	nit? (project-based certificates only) (`	r or N)	• ••• • • • • • • • • • • • • • • • • •	+	11b.
11c. Reserved				_ i	
11d. Portability? (Y or N) (If no,	, skip to 11g)				11d.
11e. Cost billed per month (put 0 if	fabsorbed)			\$	11e.
11f. PHA code billed	· · · · · · · · · · · · · · · · · · ·				11f.
11g. Check all housing types that a	apply:	Project-l	based certificate progra	m unit	
IGR: has continual suppo	ortive services (prorate gross rent)	SRO: 1	room occupied by 1 per	son	
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 re	nt, skip to 11aa)				
11r. Total HAP: 11n minus 11q. If	11q is larger, put 0		\$ 11r.]	
	If positive or 0, put tenant rent.		\$ 11s.]	
11s. Tenant rent: 11k minus 11r	If negative, credit tenant	or CR	\$ 11s.		
11t. HAP to owner: lower of 11k o	r 11r			\$	11t.
Prorated Rent Calculation					
11aa. Normal total HAP: 11n minus	11q (skip to 11ae)		\$ 11aa.		· · · · ·
11ab. Reserved	riseronderive dag tetra denor - renno - r - r		-		
11ac. Reserved					
11ad. Reserved				7	
11ae. Total number eligible			11ae.]	
11af. Total number in family			11af.]	
11ag. Proration percentage: 11ae -	÷ 11af		11ag.		
11ah. Prorated total HAP: 11aa X 1	1ag		\$ 11ah.		
11ai. Mixed family TTP: 11n minus	s 11ah		\$ 11ai.		
11aj. Utility allowance: copy from 1	1m		\$ 11aj.		
11ak. Mixed family tenant rent: 11a	i minus 11aj If positive or 0, put tena	nt rent		\$	11ak.
	If negative, credit tenar	t	or CR	\$	11am.
11am. Reserved					
11an, Prorated HAP to owner: 11k	minus 11ak if 11ak is negative, put 11k			\$	11an.

Previous editions are obsolete (03/02/00)

Form HUD-50058 (DRAFT)

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	o, skip to 12g)			12d.
12e. Cost billed per month (put 0 if abso	rbed)		\$	12e.
12f. PHA code billed				12f.
12g. Check all housing types that apply: IGR: has continual supportive s Own manufactured home, space		pased voucher program pom occupied by 1 pers		
12h. Owner name				12h.
12i. Owner TIN/SSN				12i.
12j. Voucher payment standard (if prem	erger 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.	1	
12t. HAP to owner: lower of 12k or 12r		\$ 12t.		
12u. Tenant rent to owner: 12k minus 12	f		\$	12u.
12v. Utility reimbursement to family: 12r	minus 12t		\$	12v.
Prorated Rent Calculation			-	
12aa. Reserved			¢	
12ab. Normal total HAP: copy from 12r		40	\$	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 contributio	on: 12n minus 12at	\$ 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.
	If negative, credit tenant	or CR	\$	12ai.
12aj. Prorated HAP to owner: 12k minus	12ai. if 12ai is negative, put 12k	. .	\$	12aj.

12ak. Reserved

Previous editions are obsolete (03/02/00)

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.	13b. Mod Rehab SRO Program for homeless? (Y or N)								
13c.	Mod Rehab SRO unit (not homeless progr	am)? (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		\$						
13j.	TTP: copy from 9k	·····	\$ 13j.]					
Rent	Calculation (if prorated, skip to 13p)								
13k.	Tenant rent: 13j minus 13i (if 13j is	If positive or 0, put tenant rent		\$	13k.				
	greater than 13h + 13i, put 13h)	If negative, credit tenant	or CR	\$ ·	13k.				
13m.	HAP to owner: 13h minus 13k (if 13k is ne	gative, put 13h)		\$	13m.				
13n.	Reserved		·····						
Prora	ated 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	<u></u>	\$	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 H	lome Owner Renting the Space (pro	e-merger Certificate	s only)				
14a. Number of bedrooms	s on certificate				14a.		
14b. Reserved							
14c. Portability? (Y or	N) (if no skip to 14g)				14c.		
14d. Cost billed per montl	n (put 0 if absorbed)			\$	14d.		
14e. PHA code billed					14e.		
14f. Reserved							
14g. Space owner name					14g.		
14h. Space owner TIN/SS	N				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 amortizatio	n: 14k minus 14m	\$	14n.				
14p. Utility allowance, if a	ny	\$	14p.				
14q. Rent to owner (space	e rent)	\$	14q.				
14r. Gross rent: 14n + 14	p + 14q	\$	14r.				
14s. TTP: copy from 9k		\$	14s.				
14t. Gross rent minus TT	P: 14r minus 14s	\$	14t.				
14u. Reserved							
14v. HAP to owner: lower	of 14r or 14s			\$	14v		
Rent Calculation (if pro	rated rent, skip to 14aa)						
14w. Tenant rent: 14q mir				\$	14w		
14x. Reserved		· · ·					
Prorated Rent Calculati	00						
14aa. Total number eligible			14aa.				
14ab. Total number engine 14ab. Total number in fami			14ab.				
14ac. Proration percentage			14ac.				
		\$	14ad.				
		¥	1-100.				
14ad. Prorated HAP to own 14ae. Mixed family TTP: 14		\$	14ae.				

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 inspec	tion		15b.	1				
15c. Portability? (Y or N) (if no, skip t	to 15f)		15c.					
15d. Cost billed per month (put 0 if abs	orbed)		15d.					
15e. PHA code billed			15e.					
15f. Monthly homeownership expense	(PITI & MIP if applicable)	\$	15f.					
15g. Utility allowance		\$	15g.	1				
15h. Monthly maintenance allowance		\$	15h.					
15i. Monthly major repair/replacement	allowance	\$	15i.					
15j. Monthly principal and interest on a	lebt for improvements, if any	\$	15j.	1				
15k. Gross homeownership expense: 1	5f + 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 large	er, 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

15ag. Reserved 15ah. Reserved

15ae. Prorated HAP: 15aa X 15ad

15ad. Proration percentage: 15ab + 15ac

15af. Mixed family total family share: 15k minus 15ae

15ac. 15ad.

15ae.

\$

15af.

\$

Head	ad of Household Name Social Security Number Date Modified (mm/dd/yyyy						
16.	Indian Mutual Help						
16a.	Adjusted monthly income: c	opy from 9d	\$	16a.			
16b.	Number between 0.15 and 0 agreement	0.30 corresponding to the % in the mutual help		16b.			
16c.	Gross family cost: 16a X 16	b	\$	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 a	nd 16f, but not greater than 16g			\$	16h	

Head of Household Name	Social Security Number	Date Modif	ied (mm/dd/yyyy)
17. FSS/Welfare to Work Vouch	ner Addendum			
17a. Participate in special programs? (c	heck all that apply)	FSS Welfare to Work	Voucher	
17b. FSS report category (check no more t	han one) 📃 Enro	ollment Progress Ex	cit	
17c. FSS effective date (mm/dd/yyyy) of a	ction			17c
17d. PHA code of PHA Administering FS	S contract			17d
17e. Welfare to Work report category (cl	neck no more than on	ne) 🗌 Enrollment 🗌 Progre	ess 🗌 Exit	
17f. WtW effective date (mm/dd/yyyy) o	faction			17†
17g. PHA code of PHA that issued the W	/tW voucher			
17h. General Information				
 (1) Current employment status of here employment status at the time Ac Full-time (32 hours per week 	Idendum completed.	k the box to indicate the Head of ⊢ t-time	lousehold's seasonal	
(2) Date (mm/yyyy) current employ	/ment began	- 1999 - 199 - 197 - 199 - 19		
(3) Benefits in current employmen	t: Health I	Retirement Account Other	None	
(4) Years of school completed by the formal schooling the head of hour		inter the highest grade of education time Addendum submitted. (0-25	•	17h(4)
(6) Number of children receiving c	Insurance Program?	Assistance? Earned In	nps? come Tax Cre	edit? 17h(6)
17i. Family Services Table		····· , ······	·····	
	(1) Need (Y or N)	(2) Needs Met Through Program (Y or N)	Ser	(3) vice Provider
Education/Training				
GED				
High school				<u></u>
Post secondary				
Vocational/Job training Job search/Job placement				
Job retention		· · · · · · · · · · · · · · · · · · ·		
Transportation		de al sub base o de ser de		
Health services				
Drug treatment/Rehabilitation				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mentoring				
Homeownership counseling				
Individual Development Account (IDA)				
Child care	1		1	
None				

Head	of Household Name	Social Security Number	Date	e Modified (mm/dd/y	ууу)	
Fam	ily Self Sufficiency Program <i>(if n</i>	ot in FSS program, skip	to 17n)			
17j.	FSS Contract Information					
	(1) Initial start date (mm/yyyy) of con	ntract of participation (FSS e	enrollment report only)			17j(1)
	(2) Initial end date (mm/yyyy) of con	tract of participation (FSS e	nrollment report only)			17j(2)
	(3) Contract date (mm/yyyy) extended	ed to (if applicable)				17j(3)
	(4) Number of family members wi	th Individual Training and	Services Plan			17j(4)
	(5) Did the Family receive selection participation? (FSS enrollment	•	an FSS related service	program		17j(5)
17k.	FSS account information					
	(1) Current FSS account monthly cr	edit			\$	17k(1)
	(2) Current FSS account balance				\$	17k(2)
	(3) FSS account amount disburse	d to the family (cumulativ	e as of end of reportin	g period)	\$	17k(3)
17m.	FSS exit Information (FSS Exit Rep	oort only)				
	(1) Did family complete contract of p	participation? (Y or N)			\$	17m(1)
	(2) If (1) is Yes, did family move to h	nomeownership? (Y or N)			\$	17m(2)
	(3) If (1) is No, reason for exit:	Left voluntarily	Asked to leave prog	jram Por	tability n	nove-out
	Left because essential servi	ce was unavailable	Contract expired but	t family did not full	fill obligat	ions
	are to Work Voucher Program WtW program information (1) Date (mm/yyyy) Voucher issue	ed (WtW enrollment report	only)			17n(1)
	(2) Number of days to find a unit	WtW enroliment report on	ly))			17n(2)
	(3) Date (mm/yyyy) of initial lease	HAP contract under WtW			-	17n(3)
	(4) Help in housing search from:	РНА	TANF Agency	Other		
17p.		nployment Trai HQS Pre-progra	nsportation Cic	oser to other servic		high
17q.	Welfare to Work exit Information (NtW exit report only))				
	Reason for leaving program:					
	Portability move-out					
	Family no longer needs s	ıbsidy				
	Subsidy terminated for Se	ction 8 program violation,	other than WtW oblig	ations		
	Subsidy terminated for vie	plation of WtW obligations				
	Family voluntarily withdre	w 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)	::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 (non-income) PHA 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.

Неа	Head of Household Name					ecurity Num	ber		(Date N	lodified	(mm/o	dd/yyy	y)	
3.	MTW Ho	useho	ld Informat	ion											
За.	Head of Household	3b. Last Name & Sr, Jr. etc.			3c. First name 3			3d. MI	3d. MI 3e. Date of bin		th		3f. Age on effective date of action		
	Member Number 01	3g. Sex	3h. Relation H	3i. Citiz	zenship)	3j. Disability (Y/N)		3k. Race	1		=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	I Security Number		3p. Ali A	ien Registration	n Number	3q	. Meeting c only)	ommu	nity serv	/ice req	uireme	nt? (Publi	c Housing
		3r. Total	years of school (0	-25)											
За.	Member Number	3b. Last f	Name & Sr, Jr. etc.			3c. First nam	e		3d. MI	3e. Da	ate of bir	th		3f. Age or date	n effective of action
	02	3g. Sex	3h. Relation	3i. Citiz	enship		3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	I Security Number		3p. Ali A	ien Registratio	n Number	3q	i. Meeting c oniy)	ommu	nity ser	ı vice req	uireme	nt? (Publi	c Housing
		3r. Total	years of school (0	-25)											
За.	Member Number	3b. Last I	Name & Sr, Jr. etc.		3c. First name 3			3d. MI	3e. Date of birth				3f. Age o date	n effective of action	
	03	3g. Sex	3h. Relation	3i. Citiz	zenship	l <u></u>	3j. Disability (Y/N)	••=•	3k. Race	I		=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	I Security Number	L	3p. Al A	only)				ommu	mmunity service requirement? (Public Housing				ic Housing
		3r. Totai	l years of school (0	-25)	umu fan a an										
За.	Member Number	3b. Last	Name & Sr, Jr. etc.			3c. First nam	ne		3d. Mi	3e. D	ate of bir	th		3f. Age o date	n effective of action
	04	3g. Sex	3h. Relation	3i. Citiz	zenship)	3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m. Ethnicity
		3n. Socia	Al Security Number	1	3p. Al A	lien Registratio	n Number	30	q. Meeting o oniy)	ommu	nity ser		10000	School and the service of the	ic Housing
		3r. Total years of school (0-25)													
За.	Member Number	3b. Last	Name & Sr, Jr. etc.			3c. First nam	10		3d. MI	3e. D	ate of bi	rth			n effective of action
	05	3g. Sex	3h. Relation	3i. Citi;	zenship)	3j. Disability (Y/N)		3k. Race	I		=1 =3 =5		=2 =4	3m, Ethnicity
		3n. Socia	al Security Number	1	·	lien Registratio	n Number	30	q. Meeting o only)	commu	nity ser	1	quireme		ic Housing
		3r. Tota	l years of school (()-25)											
Co	des:									<u></u>			-		
3h. H = S = K =	Codes: 3h. Relation: H = head S S = spouse K = co-head		3i. Citizer EC = elig EN = elig IN = inel	ible citizer ible noncit igible nonc	iizen citizen	3k. Race: 1 = White 2 = Black/African Americ 3 = American IndianiAla:							1 = 2 =	Not Hisp	: or Latino panic or Latino
Y = E = L =	 foster child/fost other youth und full-time studen live-in aide other adult 	er 18	PV = pen	ding verifi	cation		4 = Asian 5 = Native Hawaii	ian/C	Other Pacifi	c Islan	der		1 = 2 = 3 = 4 =	Commun nia yes no pending exceptio	
Pre	vious editions are	obsolete ((03/02/00)				Page 2 of 9						Form H	IUD-50058	MTW (DRAFT)

Head of House	nold Name		s	ocial Security I	Number			Date N	Aodified	l (mm/	dd/yyy	y)	
3a. Member Number	3b. Last	Name & Sr, Jr. etc.		3c. First	name		3d. MI	3e. Da	ate of bir	th		3f. Age o date	n effective of action
	3g. Sex	3h. Relation	3i. Citi	zenship	3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m. Ethnicity
	3n. Socia	3n. Social Security Number 3p. Al			ration Number	3q	i. Meeting c oniy)	ommu	l nity serv		uireme	nt? (Publ	c Housing
	3r. Tota	l years of school (l	0-25)										
3a. Member Number	3b. Last	Name & Sr, Jr. etc.		3c. First	name		3d. Mi 3e. Date of birth		th		3f. Age o date	n effective of action	
	3g. Sex	3h. Relation	3i. Citi	zenship	3j. Disability (Y/N)		3k. Race			=1 =3 =5		=2 =4	3m. Ethnicity
	3n. Socia	al Security Number	3p. Alien Regist A-	ration Number	3q	. Meeting c only)	ommu	nity ser	, vice req	uireme	nt? (Publ	c Housing	
· · · · · · · · · · · · · · · · · · ·	3r. Tota	l years of school (l	0-25)										
3a. Member Number	3b. Last	Name & Sr, Jr. etc.		3c. First	name		3d. MI	3e. Di	ate of bir	th		3f. Age o date	n effective of action
	3g. Sex	3h. Relation	3i. Citi	zenship	3j. Disability (Y/N)		3k. Race			=1 =3 =5	-	=2 =4	3m. Ethnicity
	3n. Socia	al Security Number	3p. Alien Regist A-	only)			nity ser	ervice requirement? (Public Housing					
3r. Total years of school (0-25)			0-25)	,									
3a. Member Number	3b. Last	Name & Sr, Jr. etc.		3c. First	name		3d. Mi	3e. D	ate of bir	th		3f. Age o date	n effective of action
	3g. Sex	3h. Relation	3i. Citi	zenship	3j. Disability (Y/N)		3k. Race			=1 =3 =5	10/5/20	=2 =4	3m. Ethnicity
	3n. Socia	al Security Number		3p. Alien Regist A-	only)			q. Meeting community service requirement? (Public Housing only)					
	3r. Tota	l years of school (i	0-25)										
3a. Member Number	3b. Last	Name & Sr, Jr. etc.		3c. First	name		3d. MI	3e. D	ate of bir	th		3f. Age o date	n effective of action
	3g. Sex	3h. Relation	3i. Citi	Citizenship 3j. Disability (Y/N)			3k. Race			==1 ==3 ==5		=2 =4 3m. Ethnicity	
	3n. Socia	al Security Number	1	3p. Alien Regist A-	oniv			. Meeting community service requirement? (Public Housing only)					
	3r. Tota	l years of school (0-25)										
Codes:													
3h.Relation:3i.CitizenshiH = headEC = eligibleS = spouseEN = eligibleK = co-headIN = ineligibleF = foster child/foster adultPV = pendingY = other youth under 18E = full-time student 18+			ible citizer ible nonci ligible non	citizen 1 = White noncitizen 2 = Black/African e noncitizen 3 = American India verification 4 = Asian			n American dian/Alaska Native ilian/Other Pacific Islander				3m. Ethnicity: 1 = Hispanic or Latino 2 = Not Hispanic or Latino 3q. = Community Service 1 = n/a 2 = yes		
L = live-in aide A = other adult	d on an ad	litional sheet?	(Y o	r N)							4 =	no pending exceptio	<u>n</u> 3s
os. commue			(10										

Head of Household Name	Social Security Number	Date Modified (mm/dd/yyyy	Λ
3t. Total number in household	· · · · · · · · · · · · · · · · · · ·		3t.
3u. Family subsidy status under Noncitize	en rule: C = Qualified for continuation of E = Eligible for full assistance F = Eligible for full assistance p T = Temporary deferral of termi P = Prorated assistance	ending verification of status	3u.
3v. Effective date (mm/dd/yyyy) if 3u = C	or T		3v.
3w. If new head of household, former hea	d of household's SSN		3w.
4. MTW Family Background a	at Admission		
4a. Date (mm/dd/yyyy) entered waiting lis	t		4a.
4b. ZIP code before admission			4b.
4c. Homeless at admission? (Y or N)			4c.
4d. Does family qualify for admission ove	r the very low-income limit? (Y or	N)	4d.
4e. Continually assisted? (head of how	4e.		
5. MTW Unit Information			
5a. Unit address			
Number and street		· · · · · · · · · · · · · · · · · · ·	Apt.
City	State	Zip code (+4)	, , , , , , , , , , , , , , , , , , ,
5b. Is mailing address same as unit ad	dress?(Y or N) (If yes, skip to 5d)		5b.
5c. Family's mailing address			·
Number and street	Million - Tanla Marka (Million - Million and Indonesia Mindonesia) and antibuter adaptic - F	**************************************	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 Hou	sing only) (Y or N)	5e.
5f. Has the family requested accessibility	/ features? (current Public Housing or	ly)	5f.
(Y or N) <i>(If no, skip to 5h)</i>			
5g. Has the family received requested ac	cessibility features? (current Public H	lousing only)	5g.
a. Yes, fully b. Yes, partia	• • • • • • •	pending (can be checked in nation with b. or c.)	
5h. Date (mmlddlyyyy) unit last passed	HQS inspection (Section 8 only, e	xcept Homeownership)	5h.
5i. Date (mm/dd/yyyy) of last annual H	IQS inspection (Section 8 only, exc	ept Homeownership)	5i.

Hea	d of Ho	usehold	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	
				\$	\$	\$	JR. 8	
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
6g., 6h., 6i. Column totals				\$ 6g.	\$ 6	h. \$	6i	
6j. Total asset income: 6h minus 6i (only include if more than \$5000)								

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 exclusion	ons			
7g. Income after ind	come e	xclusions: 7e mi	nus 7f	· · · · · · · · · · · · · · · · · · ·
7h. Total annual inc	come: 6	Si + 7a		

HA = HA wage

7g.	Income after income ex	\$	7g.			
7h.	7h. Total annual income: 6j + 7g					
7i.	7i. Deductions					
7j.	7j. Total annual income minus deductions: 7h minus 7i					
7k.	7k. Annual imputed welfare income (sanction as determined by TANF agency)					
7m.	7m. Adjusted annual income: 7j + 7k					
7b. P B SS						

M = military pay

U = unemployment benefits

= MTW income

x

\$

7f.

Head	d of Household Name	Social Security Num	ber	Date Modified (mm/dd/yy	уу)	
8.	Project-Based Family Renta	I Information				<u> </u>
8a.	Indicate if flat or income-based rent	(F = Flat	I = Income-based)		\$	
8b.	Tenant rent				\$	8b.
8c.	Mixed family tenant rent				\$	8c.
8d.	Utility allowance/estimate				\$	8d.
8e.	Reserved					
9.	Tenant-Based Family Renta	I Information				
9a.	Indicate if flat subsidy or income-based	rent (F = Flat sub	sidy I = Income-b	ased)		9a.
9b.	Number of bedrooms on voucher/equiv	alent				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					99
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 Modifie	d (mm/dd/yyy)	/)	
10.	MTW Home Owners	nip			n=	
10a.	Indicate if flat subsidy or income (F = Flat subsidy I = Income			10a.		
10b.	Is family now moving to this h	nome? (Y or N)		10b.		
10c.	Date (mm/dd/yyyy) of initial in	nspection		10c.		
10d.	Portability? Y or N (if no, skip	to 10f)		10d.		
10e.	Cost billed per month (put 0 i	f absorbed)		10e.		
10f.	PHA code billed		10f.			
10g.	Monthly homeownership exp	\$	10g.			
10h.	Utility allowance/estimate		\$	10h.		
10i.	Other monthly allowance, if a	iny	\$	10i.		
10j.	Reserved		······			
10k.	Reserved					
10m.	Gross homeownership exper	nse: 10g + 10h + 10i	\$	10m.		
10n.	Flat subsidy amount		\$	10n.		
10p.	Tenant rent		•		\$	10p
10q.	Mixed family tenant rent				\$	10q
10r.	Reserved				•	

Head o	of Household Name	Social Securit	ly Ni	ımber			Date Mod	lified	(mm/dd/yyy	·····	
		······································									
11.	Self-Sufficiency Addendum	I									
11a.	Family participation in self sufficiency	program s		Traditional FSS] MT\	N				
11b.	Report category (check no more than	one)		Enrollment		Pro	gress		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								.		
	 Current employment status of he employment status at the time Ad Full-time (32 hours per week 	ddendum com					head of I bloyed	าอนร	sehold's		
	(2) Date (mm/yyyy) current employm	ient began									11h(2)
	(3) Benefits in current employment:	Healt	:h	Retirement A	ccou	nt	Oth	er	None)	
	(4) Reserved										11h(4)
	TANF Income Assistance?		-	Gener			ce? ax Credi	t?	Food St	amps?	
	(6) Number of children receiving chil	d care service	es								11h(6)
<u>11i.</u>	Family Services Table										
		1) Enrolled Reporting (Y or N)		eriod Re		ted D ng Pe		(3) Servic	e Provider	
Educa	ation/Training										
	GED						· · · · · ·		+ 190		
	ligh school										
	Post secondary									1. 22 . 1.	
	ocational/Job training										
	earch/Job placement										
<u> </u>	etention							+			
	portation h services										
	treatment/Rehabilitation			·				+		<u> </u>	
Mento								+			
	eownership counseling							+			
	dual Development Account (IDA)										
Child	care										
None											
P = P	5	antee ary organization		PR = For profi N = Nonprofit	-				E = Employer C = Communi		

Head	of Household Name	Social Security Number		Date Modified (mm/dd/yy	/у)				
11j.	Self-Sufficiency Contract Informati	on		······································					
	(1) Initial start date (mm/yyyy) (enro			11j(1).					
	(2) Initial end date (mm/yyyy) (enrollment report only)								
	(3) Program extension date (mm/yyyy) (if applicable)								
	(4) Number of family members with	Individual Training and Serv	rices 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	e family (cumulative as of en	id of reporting perio	od)	\$	11k(3).			
11m.	Exit Information (complete only for Ex	xit Report)							
	(1) Did family complete contract of p								
	(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 Port								