



PROCEDURES FOR COMPLETING MONTH-END REPORTS EXAMPLES

OMB NO. 2502-0182 Exp. 9-30-8

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
HOUSING - FEDERAL HOUSING COMMISSIONER

**SCHEDULE OF TENANT ASSISTANCE PAYMENTS DUE**

1. Month of: JULY 1985

2. Project Name: HAPPY HOMES APTS.

3. FHA/PH/Non-Insured Project Number: 243167894

4. Section 8 Project Number: X1432191871654

5. Type of Subsidy: (Check ONLY One Box)  Section 8 Housing Assistance Payments  Rent Supplement  Rental Assistance Payments

6. Type of Section 8 (Check ONLY ONE Box)  New Construction  Loan Management Set Aside  Substantial Rehabilitation  Property Disposition Set Aside

7. Section 8 Contract Information (Complete ONLY for Section 8 Projects):  
 a. Was the HAP Agreement signed on or after 10-1-81?  Yes  No  N/A  
 b. Was the HAP Contract effective on or after 10-1-81?  Yes  No  
 c. If this is an LM/PS Set Aside (without Sub. Rehab), was the HAP Contract signed on or after 10-3-84?  Yes  No

Tenant Name (8)	Unit Number or Address (9)	Income Code (10)	Turnover Date (11) Code Month/Day (11b)	Recertification Date (12)		Change Code (13)	Tenant Assistance Payment (14)		
				Scheduled Effective Date (12a)	Date Initial Notice Sent (12b)		Requested (14a)	Approved HUD USE ONLY (14b)	
BACA, A.	1						100		
SMITH, J.	2						150		
HARR, D.	3						125		
VACANT	4		O 6/4				0		
JAMES, A.	5		I 5/20			IC	170		
WILLS, M.	6						110		
SPARKS, J.	7						110		
VACANT	8		O 5/24				0		
TOTAL FOR JULY, 1985 A-M16								\$765	
ADJUSTMENTS FOR JUNE, 1985:									
JONES, J.	4		O 6/4			UT	-9		
JAMES, A.	5		I 5/20			IC	+170		
TOTAL FOR JUNE, 1985								+161	
ADJUSTMENTS FOR MAY, 1985:									
JAMES, A.	5		I 5/20			IC	+68		
TOTAL FOR MAY, 1985								\$68	

OWNER/AGENT CERTIFICATION - I hereby certify that all pages of this Schedule are true and correct and that all amounts were computed in accordance with HUD Handbook 4350.3 and any other applicable HUD instructions.

Signature: Mr. Manager Date: 6/10/85

Title: \_\_\_\_\_ Title No. (Include Area Code): \_\_\_\_\_

15. TOTALS FOR THIS PAGE

15a. Regular Tenant Assistance

15b. Adjustments

15c. 1983 HURRA Refund or Credit

HUD USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

To be reported on July's month-end

To be reported on June's month-end

To be reported on June's month-end

Replaces HUD-52670A, Part 1 (12-83) which is obsolete.

PROCEDURES FOR COMPLETING MONTH-END REPORTS EXAMPLES

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT HOUSING FEDERAL FINANCING COMMISSIONER				SCHEDULE OF TENANT ASSISTANCE PAYMENTS DUE			1. Month of: <u>JUNE</u> 19 <u>85</u>		
IMPORTANT: Read Chapter 6 of Handbook 4350.3 before completing this Form.									
2. Project Name: <u>HAPPY HOMES APTS.</u>						3. FHA/EH/Non-insured Project Number: <u>21431617181941</u>			
4. Section 8 Project Number: <u>1413121987654</u>			5. Type of Subsidy: (Check ONLY One Box) <input checked="" type="checkbox"/> Section 8 Housing Assistance Payments <input type="checkbox"/> Rent Subsidy <input type="checkbox"/> Rental Assistance Payments						
6. Type of Section 8 Project (Check ONE Box) <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Loan Management Set Aside <input type="checkbox"/> Substantial Rehabilitation <input type="checkbox"/> Property Disposition Set Aside				7. Section 8 Contract Information (Complete ONLY for Section 8 Projects) a. Was the HAP Agreement signed on or after 10-1-81? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A b. Was the HAP Contract effective on or after 10-1-81? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. If this is an LM/PO Set Aside (without Sub. Rehab.), was the HAP Contract signed on or after 10-3-84? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Tenant Name	Unit Number or Address	Income Code	Turnover Date		Recertification Date		Change Code	Tenant Assistance Payment	
			(11a) Code	Month/Day	Scheduled Effective Date	Date Initial Notice Sent		Requested	HUD USE ONLY (14b)
(8)	(9)	(10)	(11a)	(11b)	(12a)	(12b)	(13)	(14a)	(14b)
BACA, A.	1							100	
SMITH, J.	2							150	
MARR, D.	3							125	
JONES, J.	4							10	
VACANT	5		0	4/15				2	
WILLS, M.	6							110	
SPARKS, J.	7							110	
PRATT, J.	8							210	
TOTAL FOR JUNE, 1985								815	
ADJUSTMENTS FOR MAY, 1985;									
CHAVEZ, P.	5		0	4/15				-120	
TOTAL FOR MAY, 1985								-120	
ADJUSTMENTS FOR APRIL, 1985;									
CHAVEZ, D.	5		0	4/15				-60	
TOTAL FOR APRIL, 1985								-60	

To be reported on June's month-end

Already reported on May's month-end

Already reported on May's month-end



