

HOUSING ASSISTANCE PAYMENT REGISTER

Participant Number: _____

Participant Name: _____

SOCIAL SECURITY NUMBER

Property Address: _____

City, State, Zip: _____

Owner Name _____

TIN NUMBER

Address: _____

City, State, Zip: _____

Unit Size _____

Send Payment to Different From Owner:

Elderly Status (0, 1,2) _____

C/O: _____

Next Annual Certification _____

Address: _____

City, State, Zip: _____

Contract Rent \$0

Effective Date _____

Family Rent: \$0

Section 8: \$0

Utility Reimbursemen \$0

Total HAP Payment: \$0

Total Tenant Paymen \$0

Gross Rent: \$0

- 1 _____ New Admission
- 2 _____ Annual Certification
- 3 _____ Interim Certification
- 4 _____ Portability Move-in
- 5 _____ Portability Move-out
- 6 _____ End Participation
- 7 _____ Other Change
- 8 _____ FSS/WtW Addendum Only
- 9 _____ Annual Certification Searching
- 10 _____ Issuances of Voucher
- 11 _____ Expiration of Voucher
- 13 _____ Annual HQS Inspection Only

_____ Change Owner Name/Address

_____ Effective Date

_____ Initiate/Change Utility Reimbursement

_____ Change Family Name

_____ Hold Payment

Notes: _____

Head of household name	Tenant ID	000-00-0000	Date modified(mm/dd/yyyy)	1/0/1900
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Family Report

U.S. DEPARTMENT OF Housing and Urban Development
Office of Public and Indian Housing

QMB Approval Number 2577-0083
Expires 9/30/2003

1. Agency

1 a. Agency name										1a.		
1 b. PHA code										C09111		1b.
1 c. P= Public Housing CE= Sec. 8 Certificates VO= Sec. 8 Vouchers 1 c. Program MR= Sec. 8 Mod Rehab B= Indian Housing												1c.
1 d. Project number (Public/Indian Housing only)										Suffix:		1d.
1 e. Building number (Public /Indian Housing only)												1e.
1 f. Building entrance number (Public/Indian Housing only)												1f.
1 g. Unit number (Public/Indian Housing only)												1g.

2. Action

2a. Type of action										2a.		
1 = New Admission		6 = End Participation		11 = Expiration of Voucher (S8 only)								
2 = Annual Reexamination		7 = Other Change of Unit		12 = Flat Rent Annual Update (PH only)								
3 = Interim Reexamination		8 = FSS/WtW Addendum Only		13 = Annual HQS Inspection Only(S8 only)								
4 = Portability Move-in (S8 only)		9 = Annual Reexamination Searching (S8 only)		14 = Historical Adjustment								
5 = Portability Move-out(S8 only)		10 = Issuance of Voucher (S8 only)		15 = Void								
2b. Effective date (mm/dd/yyyy) of action										1/0/1900		2b.
2c. Correction? (Y or N)												2c.
2d. If correction: (check primary reason)										Family correction of income		PHA correction of family income
										Family correction of (non-inc		PHA correction (non-income)
2e. Date correction transmitted (mm/dd/yyyy)										1/0/1900		2e.
2f. Repayment agreement? (Y or N)												2f.
2g. Monthly amount of repayment												2g.
2h. Date (mm/dd/yyyy) of admission to program												2h.
2i. Projected effective date (mm/dd/yyyy) of next reexamination												2i.
2j. Projected date (mm/dd/yyyy) of next flat rent annual update (Public Housing flat rent only)												2j.
2k. FSS participation now or in the last year? (Y or N)												2k.
2m. Special program(s) (Section 8 Ony)(check only one):										<input type="checkbox"/> Enhanced Voucher		<input type="checkbox"/> Welfare to Work Voucher
2n. Other special programs: Number 01												2n.
2n. Other special programs: Number 02												2n.
2n. Other special programs: Number 03												2n.
2n. Other special programs: Number 04												2n.
2n. Other special programs: Number 05												2n.
2p. Use if instructed by HUD												2p.
2q. PHA use only												2q.
2r. PHA use only												2r.
2s. PHA use only												2s.
2t. PHA use only												2t.
2u. PHA use only												2u.

Head of household name	Social Security Number	000-00-0000	Date modified (mm/dd/yyyy)	01/00/00
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3t. Total number in household	3t.
3u. Family subsidy status under Noncitizens Rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of statu P = Prorated assistance	3u.
3v. Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u=C)	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? (Section 8 only) (Y or N)	4d.
4e. Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f. Is there a HUD approved income targeting disregard? (Y or N)	4f.

5. Unit to be Occupied on Effective Date of Action

5a. Unit address	0			
City	0	State	0	00000
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	0	Apt.		
City	0	State	0	
5d. Number of bedrooms in unit	0	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 next section)	5f.			
5g. Has the family received requested accessibility features? (Public/Indian Housing only) <input type="checkbox"/> a. Yes, fully <input type="checkbox"/> b. Yes, partially <input type="checkbox"/> c. No, not at all <input type="checkbox"/> d. Action pending (can be checked in combination with b, or c.)	5g.			
5h. Date (mm/dd/yyyy) unit last passed HCIS inspection (Section 8 only, except Homeownership)	5h.			
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)	5i.			
5j. Year (yyyy) unit was built (Section 8 only)	5j.			
5k. Structure type (check only one Section 8 only)	5k.			
<input type="checkbox"/> Single family detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Rowhouse/townhouse <input type="checkbox"/> Low-rise <input type="checkbox"/> Manufactured home <input type="checkbox"/> High rise with elevator				

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		#NUM!		
	0		0									
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race			=1			=2	3m. Ethnicity
		H						=3			=4	
							=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)							
000-00-0000												
3a. Household 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		#NUM!		
	0											
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race			=1			=2	3m. Ethnicity
								=3			=4	
							=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)							
3a. Household 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		#NUM!		
	0											
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race			=1			=2	3m. Ethnicity
								=3			=4	
							=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)							
3a. Household 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		#NUM!		
	0											
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race			=1			=2	3m. Ethnicity
								=3			=4	
							=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)							
3a. Household 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		#NUM!		
	0											
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race			=1			=2	3m. Ethnicity
								=3			=4	
							=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)							
3a. Household 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		#NUM!		
	0											
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race			=1			=2	3m. Ethnicity
								=3			=4	
							=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH 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 = yes
 2 = no
 3 = pending
 4 = exempt
 5 = n/a

3. Household

3a. Household Member number 07	3b. Last name & Sr., Jr. etc. 0		3c. First Name		3d. MI	3e. Date of birth		3f. Age on effective date of action		#NUM!
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race		=1	=2	3m. Ethnicity	
					=3	=4				
					=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)					
3a. Household Member number 08	3b. Last name & Sr., Jr. etc. 0		3c. First Name		3d. MI	3e. Date of birth		3f. Age on effective date of action		#NUM!
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race		=1	=2	3m. Ethnicity	
					=3	=4				
					=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)					
3a. Household Member number 09	3b. Last name & Sr., Jr. etc. 0		3c. First Name		3d. MI	3e. Date of birth		3f. Age on effective date of action		#NUM!
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race		=1	=2	3m. Ethnicity	
					=3	=4				
					=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)					
3a. Household Member number 10	3b. Last name & Sr., Jr. etc. 0		3c. First Name		3d. MI	3e. Date of birth		3f. Age on effective date of action		#NUM!
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race		=1	=2	3m. Ethnicity	
					=3	=4				
					=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)					
3a. Household Member number 11	3b. Last name & Sr., Jr. etc. 0		3c. First Name		3d. MI	3e. Date of birth		3f. Age on effective date of action		#NUM!
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race		=1	=2	3m. Ethnicity	
					=3	=4				
					=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH only)					
3a. Household Member number 12	3b. Last name & Sr., Jr. etc. 0		3c. First Name		3d. MI	3e. Date of birth		3f. Age on effective date of action		#NUM!
	3g. Sex	3h. Relation	3i. Citizenship	3j. disability (Y/N)	3k. Race		=1	=2	3m. Ethnicity	
					=3	=4				
					=5					
3n. Social Security Number			3p. Alien Registration Number		3q.Meeting community service requirement? (PH 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 = yes 2 = no 3 = pending 4 = exempt 5 = n/a
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3r. Reserved

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

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				\$0	\$0

6h. Passbook rate (written as decimal)	0.02 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)	\$0 6i.
6j. Final asset income: Larger of 6g or 6i	\$0 6j.

Head of household name	Social Security Number	000-00-0000	Date modified (mm/dd/yyyy)	01/00/00
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8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$0	8a.
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Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount

8e. Total permissible deductions	\$0	8e.
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If head/spouse/co-head is under 62 and no family member disabled, skip to 8q.

8f. Medical/disability threshold: 8a X 0.03	\$0	8f.
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8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)		8g.
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8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount		8h.
--	--	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0		8h.
---	--	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g		8h.
--	--	-----

8i. Earnings in 7d made possible by disability assistance expense		8i.
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8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)		8j.
--	--	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$0	8k.
--	-----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$0	8m.
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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)	\$0	8n.
--	-----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m		8n.
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8p. Elderly/disability allowance (default = \$400)	\$0	8p.
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8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide)		
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8r. Allowance per dependent (default = \$480)	\$480	8r.
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8s. Dependent allowance: 8q X 8r	\$0	8s.
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8t. Total annual unreimbursed childcare costs		8t.
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8u. Total annual travel cost to work/school (Indian Housing only)		8u.
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8v. Reserved

8w. Reserved

8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u	\$0	8x.
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8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$0	8y.
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Head of household name	Social Security Number 000-00-0000	Date modified (mm/dd/yyyy) 01/00/00
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9. Total Tenant Payment (TTP)

9a. Total monthly income: 8a :~ 12	\$0	9a.
9b. Reserved		
9c.	\$0	9c.
9d. Adjusted monthly income: 8y - 12	\$0	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8	30%	9e.
9f. TTP if based on adjusted annual income: (9d X 9e) -- 100	\$0	9f.
9g. Welfare rent per month (if none, put 0)		9g.
9h. Minimum rent (if waived, put 0)		9h.
9i. Enhanced Voucher minimum rent		9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$0	9j.
9k. Most recent TTP		9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)		9m.

Head of household name	Social Security Number	000-00-0000	Date modified	1/0/1900
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12. Section 8 Vouchers

12a. Number of bedrooms on Voucher	0	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. Did family move into your PHA jurisdiction under 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. Housing type:

- 11 Own manufactured home, lease space
 Group home (prorate gross rent)
 SRO: 1 room occupied by 1 person

12h. Owner name	0	12h.
12i. Owner TIN/SSN	000-00-0000	12i.
12j. Payment standard for the family	12j.	
12k. Rent to owner	12k.	
12m. Utility allowance, if any	12m.	
12n. Reserved		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	\$0 12p.	
12q. Lower of 12j or 12p (if Premerger Voucher contract, see Instruction Booklet)	\$0 12q.	
12r. TTP: copy from 9	\$0 12r.	
12s. Total HAP: 12q minus 12r	\$0 12s.	

Rent Calculation (if prorated rent, skip to 12ab)

12t. Total family share: 12p minus 12s	\$0 12t.	
12u. HAP to owner: lower of 12k or 12s	\$0 12u.	
12v. Tenant rent to owner: 12k minus 12u	\$0 12v.	
12w. Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	\$0 12w.	

Prorated Rent Calculation

12aa. Reserved		
12ab. Normal total HAP: copy from 12s, but do not exceed 12p		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	0 12af.	
12ag. Mixed family total family contribution: 12p minus 12af	12ag.	
12ah. Utility allowance: copy from 12m	12ah.	
12ai. Mixed family tenant rent to owner:	If positive or 0, put tenant rent	12ai.
12ag minus 12ah	If negative, credit tenant or CR	12ai.
1 2aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k		12aj.
12ak. Reserved		

17 Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum

17a. Participate in special programs? (check all that apply)	<input type="checkbox"/> FSS	<input type="checkbox"/> Welfare to Work Voucher	
17b. FSS report category (check no more than one)	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Progress	<input type="checkbox"/> Exit
17c. FSS effective date (mm/dd/yyyy) of action		17c.	
17d. PHA code of PHA administering FSS contract		17d.	
17e. WtW report category (check no more than one)	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Progress	<input type="checkbox"/> Exit
17f. WtW effective date (mm/dd/yyyy) of action		17f.	
17g. (1) PHA code of PHA that issued the WtW Voucher		17g(l).	
(2) PHA code of PHA counting the family as enrolled in its WtW Voucher program (if different from 17g(l))		17g(2).	

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

(2) Date (mm/dd/yy) current employment began 17h(2).

(3) Benefits in current employment:(check all that apply) Health Retirement account Other

(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 is 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 childcare services 17h(6).

17i. Family services table (optional for WtW Voucher)

	(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			
Alcohol and other drug abuse prevention services			
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 = Nonprofitagency	C = Community college

H-hold name	Social Security Number	000-00-0000	Date Modified	01/00/00
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Family Self Sufficiency Program (if not in FSS program, skip to 17n)

1 7j. 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)	1 7j (2).
(3) Contract date extended to (mm/yyyy) (if applicable)	1 7j (3).
(4) Number of family members with Individual Training and Services Plan	17j(4)
(5) Did the family receive selection preference because of a FSS related service program participation? (FSS enrollment report only) (Y or N)	1 7j (5).

17k. FSS account information

(1) Current FSS account monthly credit	17k(l).
(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(l).
(2) If (1) is Yes, did family move to homeownership? (Y or N)	17m(2).
(3) If (1) is No, primary reason for exit: <input type="checkbox"/> Left voluntarily <input type="checkbox"/> Asked to leave program <input type="checkbox"/> Portability move-out <input type="checkbox"/> Left because essential service was unavailable <input type="checkbox"/> Contract expired but family did not fulfill obligations	

Welfare to Work Voucher Program

17n. WtW program information

(1) Date (mm/dd/yyyy) Voucher issued (WtW enrollment report only)	17n(l).
(2) Date (mm/dd/yyyy) of request for lease approval (RFLA) for a unit leased	17n(2).
(3) Help in housing search from: <input type="checkbox"/> TANIF Agency <input type="checkbox"/> Other	17n(3).

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

- Closer to day care Transportation
- 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 Closer to other services
- Employment

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

(1) Is the family moving to homeownership? (Y or N)	17q(l).
(2) Primary reason for leaving the WtW Voucher program: <input type="checkbox"/> Portability move-out <input type="checkbox"/> Family no longer needs subsidy <input type="checkbox"/> Subsidy terminated for Section 8 program violation, other than WtW obligations <input type="checkbox"/> Subsidy terminated for violation of WtW obligations <input type="checkbox"/> Family voluntarily withdrew from Section 8 program <input type="checkbox"/> Other	