U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Family Report

Form HUD-50058-MTW Expansion Family Report applies to Public Housing and Housing Choice Voucher programs.

Public reporting burden for this collection of information is estimated to average 40 minutes per response in the first year and 20 minutes per response in subsequent years. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this Form, unless it displays a currently valid OMB control number.

Privacy Act Information. This collection 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) and by the Fair Housing Act (42 U. S. C. 3601-19). Each affected agency must submit information to assist HUD in managing and monitoring HUD assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. The information requested is required to obtain or retain benefits. Failure to provide SSN could result in denial of eligibility and/or termination of assistance or tenancy participants. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a).

Purpose of this information collection:
- Analyze assisted housing programs;
- Determine the occupancy level of public housing and calculate the operating subsidy in accordance with 24 CFR 990;
- Permit PHAs to monitor their own reporting to identify favorable and unfavorable trends;
- Monitor PHAs and participants for compliance with program regulations and requirements;
- Fraud detection and prevention via rent/income monitoring;
- Housing inventory and development of program initiatives with emphasis on the housing of special needs groups; and
- Make available accurate demographic information depicting tenant characteristics to Congress and other interested parties.

Sensitive Information: The information on these forms is sensitive and is protected by the Privacy Act. Keep the forms locked and confidential.

Acronyms

FMR = Fair Market Rent
FSS = Family Self-Sufficiency program
HAP = Housing Assistance Payment
HQS = Housing Quality Standards
HUD = U. S. Department of Housing and Urban Development
ISA = Individual Savings Account
OMB = U. S. Office of Management and Budget
PHA = Public Housing Agency
PHRA = Public Housing Reform Act

PIC = Public and Indian Housing Information Center
SRO = Single Room Occupancy
SSA = Social Security Administration
SSI = Supplemental Security Income
SSN = Social Security Number
TANF = Temporary Assistance for Needy Families
TIN = Taxpayer Identification Number
TTP = Total Tenant Payment

Major Definitions (refer to the Form HUD-50058 Instruction Booklet for a more detailed definition of fields on the Form that are unchanged from the Form HUD-50058 MTW Expansion):

Disabilities: A person with disabilities has one or more of the following: (a) a disability as defined in Section 223 of the Social Security Act, (b) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions, or (c) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act. Note: Include persons who have the acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.

Effective Date of Action: Date the reported action becomes effective. The effective date cannot be earlier than the date of admission to the program.

Head of household: The one adult member of the household, designated by the family or by PHA policy as the head of household, who is wholly or partly responsible for the rent payment.

Mixed Family: A family that contains some members that are eligible for assistance and some members that are ineligible for assistance. This family may be subject to prorated rent under the Noncitizens Rule.

Portability: Renting a dwelling unit with Housing Choice Voucher assistance outside the jurisdiction of the initial PHA.

Form Conventions:
1. All fields that require the entry of a date must include the 4-digit year. Enter the date in a standard format (i. e., "mm/dd/yyyy", "mm/yyyy"). Enter the year in its entirety.
2. "/" means "or" unless otherwise noted.
3. Monetary figures: enter only whole dollar amounts. Do not show cents, commas, or dollar signs.
4. Rounding: round each monetary amount up when a number is 0.50 or above; down when a number is 0.49 or below.
5. Calculation column is a scratch area where PHAs may perform manual calculations.
6. Leave blank any line(s) or item(s) that do not apply unless this Form instructs otherwise.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)

Family Report

U.S. Department of Housing and Urban Development   OMB Approval Number 2577-0083

Office of Public and Indian Housing

1. Agency

1a. Agency name	1a.
1b. PHA code	1b.
1c. Program P = Public Housing, T = Tenant-Based Assistance, PR = Project-Based Assistance	1c.
H = Homeownership, LP = Local, Non-Traditional Property-Based Vouchers, LN = Local, Non-Traditional Tenant-Based	
1d. Project Number (Public Housing only)	1d.
1e. Building Number (Public Housing only)	1e.
1f. Building Entrance Number (Public Housing only)	1f.
1g. Unit Number (Public Housing only)	1g.
1h. Unit Real Estate ID Number (see page ii)	1h.

2. Action

2a. Type of Action	2a.
2b. Effective date (mm/dd/yyyy) of action	2b.
2c. Correction? (Y or N)	2c.
2d. If correction: (check primary reason) [ ] Family correction of income [ ] Family correction (non-income)	
[ ] PHA correction of family income [ ] PHA correction (non-income)	
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: (vouchers only) (check only one) [ ] Enhanced Voucher	
2n. Other special programs: Number 01	2n.
2n. Other special programs: Number 02	2n.
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.
2v. MTW self-sufficiency program participation now or in last year? (Y or N)	2v.
2w. End of Participation reasons (only if 2a = End Participation)	2w.
2x. Interim Reexamination reasons (only if 2a = Interim Reexamination)	2x.

2a. Type of action codes	**2w. End of Participation reasons**	**2x. Interim Reexamination reasons**
1 = New Admission	1. Changed program (non-RAD)	1. Alternative rent hardship request
2 = Full Reexamination	2. Changed program due to RAD	2. Stepped rent update without income reexamination
3 = Interim Reexamination	conversion	3. Decreased income (not an alternative rent hardship
4 = Portability Move-in (VO only)	3. Unit uninhabitable	request)
5 = Portability Move-out (VO only)	4. Death of sole family member	4. Increased income
6 = End Participation	5. Absence from unit	5. Household composition change
7 = Other Change of Unit	6. Evicted by landlord	6. Contract rent change
8 = FSS/MTW Self-Sufficiency Addendum Only	7. Terminated by PHA because family is over-income (Public Housing) or exceeds	
9 = Annual Reexamination Searching (VO only)	180 days of zero HAP (HCV)	
10 = Issuance of Voucher (VO only)	8. Reached term limit	
11 = Expiration of Voucher (VO only)	9. Failed to comply with work requirement	
12 = Flat Rent Annual Update (PH only)	10. PHA initiated EOP for reasons other than codes 4-9 (i.e. violation of program	
13 = Annual HQS Inspection Only (VO only)	rules, lost eligibility, etc.)	
15 = Void	11. Financial situation has improved and no longer need subsidy	
	12. Dissatisfied with subsidized housing	
	13. Tenant initiated EOP for reasons other than codes 11-12	

form HUD-50058 MTW Expansion (xx/xxxx)

	Page Heading	
Note:	The fields in the page heading are provided for the convenience of PHA that maintain paper records of the Form HUD-50058.	
Head of household name:	On every page, enter the head of household's last name (line 3b), first name (line 3c) and middle initial (line 3d). Use this field to identify the head of household if the pages of the Form separate.	
Social Security Number	On every page, enter the head of household's Social Security Number (line 3n). Use this field to identify the head of household if the pages of the Form separate.	
Date modified (mm/dd/yyyy)	On every page, ender the date the PHA representative completes the Form.	
1:	**Agency**	
Line 1a:	Name of the Public Housing Agency (PHA) that completes the family's Form HUD-50058.	
Line 1b:	Five-character code composed of the 2-letter postal state code and 3-digit PHA number. The state code indicates the location of the reporting PHA and the number identifies each PHA within a particular state.	
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office.	
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates. Note that H = Homeownership is for traditional homeownership vouchers, not Local, Non-Traditional Homeownership. The Local Non-Traditional Homeownership program is not applicable in the MTW expansion.	
Line 1d:	Public Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number, and 6-digit development number (if applicable).	
Line 1e:	Public Housing only. Six-character code to capture the tenant's building number.	
Line 1f:	Public Housing only. Three-character code to capture the building's entrance number.	
Line 1g:	Public Housing only. Ten-character code to capture the PHA designated tenant unit number.	
Line 1h:	Unit Real Estate ID Number established by the system for the unit. Currently Public Housing only; may be used for other programs in the future.	
2:	**Action**	
Line 2a:	Use the codes provided at the bottom of the page to report the family's type of action.	
Note:	When a family that receives flat rent requires a full reexamination, use Annual Reexamination (2a= 2).	
Line 2b:	Date the reported action becomes effective.	
Note:	The effective date cannot be earlier than the date of admission to the program (line 2h).	
Line 2c:	Allows PHAs to correct fields previously transmitted in error.	
Note:	Use a correction for a minor change to a previously submitted record.	
Line 2d:	Indicate the primary reason for the correction record.	
Line 2h:	Date the PHA initially admitted the family into the program reported in line 1c.	
Line 2i:	The projected effective date of the family's next reexamination.	
Line 2j:	Public Housing flat rent only. Projected effective date of the next flat rent annual update.	
Line 2k:	Indicate if the family currently participates or participated in the Family Self-Sufficiency program in the past year.	
Line 2m:	Housing Choice Vouchers only. Indicate if the family receives an Enhanced Voucher.	
Line 2n:	Indicate if the family participates in a special program.	
Note:	See Form HUD-50058 Instruction Booklet for a listing of special programs and their abbreviations.	
Line 2q-2u:	PHAs may use these lines for any information they wish to collect.	
Line 2v:	Indicate if the family currently participates or participated in an MTW self-sufficiency program in the past year.	
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.	
Line 2w:	If line 2a is End Participation, indicate the reason the family ended their participation in the program	
Line 2x:	If line 2a is Interim Reexamination, indicate the reason there has been a change to the family's information at a time other than a full reexamination or change of unit.	

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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

3a. Member number 07	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 or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (PH only)	
	3r. Average number of hours worked per week						

3s. Work requirement compliance	3s.
3t. Total number in household	3t.
3u. Family subsidy status under Noncitizens Rule	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.

3h. Relation codes:
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 codes:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

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

3m. Ethnicity codes:
1 = Hispanic or Latino
2 = not Hispanic or Latino

3q. Community service or self-sufficiency codes:
1 = yes
2 = no
3 = pending
4 = exempt

3r. Average number of hours worked per week codes:
1 = 0 hours
2 = 1-10 hours/week
3 = 11- 20 hours/week
4 = 21-30 hours /week
5 = 31-40 hours/week
6 = More than 40 hours/week

3s. Work requirement compliance codes:
1 = In compliance
2 = Exempt
3 = Receiving a hardship
4 = Not in compliance, in probationary period and not subject to penalties
5 = Not in compliance, subject to penalties
6 = Not applicable, no work requirement policy

3u. Family subsidy status codes:
C = qualified for continuation of full assistance
E = eligible for full assistance
F = eligible for full assistance pending verification of status
P = prorated assistance

3.	Household
Note:	Complete for each household member.
Note:	The first family member (member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The member number identifies the individual listed on that line of the Form.
Line 3b:	The last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do not include name prefixes, such as Ms. or Mr.
Line 3c:	The first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	The middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	The date of birth for each household member.
Line 3f:	The age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member.
Line 3h:	Select the code at bottom of the page that best categorizes the relation or role of each household member.
Line 3i:	Select the code at the bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Select the code or codes at the bottom of the page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Select the code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If a head of household does not have a SSN, see the Form HUD-50058 Instruction Booklet.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e. g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number has nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Select the code at the bottom of the page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Line 3r:	Average number of hours worked per week, over the past year.
Line 3s:	State to what extent the household is in compliance with the PHA's work requirements policy, if applicable.
Line 3t:	The total number of people in the household.
Note:	Count all persons. Include foster children or adults, live-in aides, and other unrelated individuals (who reside with the family as part of the household). Also include persons who are members of the household but temporarily absent from the home.
Line 3u:	Select the code on the bottom of the page that indicates the housing assistance eligibility for family members based on the Noncitizens Rule. The Noncitizens Rule allows PHAs to provide financial assistance to U. S. citizens, nationals, and non-U. S. citizens with eligible immigration status.
Note:	If the family's status under the Noncitizens Rule is prorated assistance (3u= P), the family should fill out the applicable prorated rent calculation when determining rent burden.
Line 3v:	Date the family originally qualified for the continuation of full assistance (3u= C).
Line 3w:	If the designated head of household changed due to discontinued occupancy or other cause such as death, marriage, or remarriage and there are family members who remain in the household, enter the former head of household's Social Security Number (SSN).

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? (HCV only) (Y or N)	4d.
4e. Continuously assisted under the 1937 Housing Act? (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 Housing only) (Y or N)	5e.
5f. Has the family requested accessibility features? (Public Housing only) (Y or N) (if no, skip to next section)	5f.
5g. Has the family received requested accessibility features? (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.	
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership and Project-based Vouchers)	5h.
5i. Date (mm/dd/yyyy) of last HQS inspection (Section 8 only, except Homeownership and Project based Vouchers)	5i.
5j. Year (yyyy) unit was built (Section 8 only)	5j.

5k. Structure type (check only one) (Section 8 only)

[ ] Single family detached	[ ] Semi-detached	[ ] Rowhouse/townhouse
[ ] Low-rise	[ ] High rise with elevator	[ ] Manufactured home

4:	**Background at Admission**
Line 4a:	Date the PHA placed the family on the waiting list for the program under which they currently receive housing assistance.
Note:	This date must not be later than effective date of action (line 2b).
Line 4b:	The 5-digit ZIP code (+ 4, if applicable) where the family lived before admission to an assistance program.
Line 4c:	Indicate whether or not the family was homeless at the time the PHA admitted the family to a housing assistance program.
Line 4d:	Vouchers only. Indicate whether or not the family qualified for program admission even though their income exceeds the very low-income limit (50% of the area's median income).
Line 4e:	Indicate whether or not the family is continuously assisted under or currently enrolled in any 1937 Housing Act program at the time of admission.
5:	**Unit to be Occupied on Effective Date of Action**
Line 5a:	The complete address of the housing unit that the household occupies on the effective date of action (line 2b).
Line 5b:	Indicate whether the mailing address is different from the unit address.
Line 5c:	The complete address where the family receives mail, if other than the unit address provided in line 5a.
Note:	Leave this field blank if the mailing address is the same as the unit address.
Line 5d:	Total number of bedrooms in the unit that the household will occupy on the effective date of action (line 2b).
Line 5e:	Public Housing only. Indicate whether or not the unit that the family occupies on the effective date of action (line 2b) is a PHA designated handicapped accessible unit.
Line 5f:	Public Housing only. Indicate whether or not the family requested disability amenities or accessibility features.
Line 5g:	Public Housing only. Indicate the status of the family's request for disability amenities and/or accessibility features (line 5f) on the effective date of action (line 2b).
Line 5h:	Section 8 only, except Homeownership and Project-based Vouchers. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Section 8 only, except Homeownership and Project-based Vouchers. The last date a PHA inspector performed a full housing quality standards (HQS) inspection of the unit that the household occupies.
Note:	This date may be different from the date unit last passed HQS inspection (line 5h) if the unit failed the last HQS inspection.
Line 5j:	Section 8 only. The year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. The building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.

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)					6h.
6i. Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)					6i.
6j. Final asset income: larger of 6g or 6i					6j.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total						$ 7g.
7h. Prior year or current year/anticipated income [ ] Prior year [ ] Current year/anticipated income						
7i. Total annual income: 6j + 7g						7i.

7b. Income Codes **Wages:** B = own business F = federal wage HA = PHA wage M = military pay W = other wage	**Welfare:** G = general assistance IW = annual imputed welfare income T = TANF assistance **SS/SSI/Pensions**: P = pension S = SSI SS = Social Security	**Other Income Sources** C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits

6:	Assets
Note:	Use a separate line for each family member and asset type.
Line 6a:	The name of each family member in the household that has assets and their Member number (line(s) 3a) that corresponds to the asset information reported.
Line 6b:	List any asset that has a dollar value or provides a source of income to the person listed in column 6a.
Note:	See the Form HUD-50058 Instruction Booklet for an explanation of allowable assets.
Line 6c:	Use this column to perform asset calculations.
Line 6d:	Estimated, known or calculated dollar value of the asset listed.
Line 6e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.
Line 6f:	Total of the values listed in column 6d.
Line 6g:	Total of the values listed in column 6e.
Line 6h:	Enter the passbook rate as a decimal.
Note:	The HUD field office determines the Passbook rate of interest for the project locality based on the average interest rate received on a Passbook Savings Account at several banks in the local area.
Line 6i:	Imputed income from assets based on the total dollar value of the asset listed and the Passbook rate of interest.
Note:	If the total cash value of assets is $5,000 or less, enter 0.
Line 6j:	Total amount of household income derived from assets.
7:	Income
Note:	If the family members do not have any income from sources other than assets and do not expect any other income in the next 12-month period, leave 7a through 7g blank. Fill in total annual income (line 7i), which would be the total of the asset income.
Line 7a:	The name of each family member in the household that has income and their Member number (line(s) 3a) that corresponds to the income information reported.
Line 7b:	Use one or two letter code at bottom of page that represents the type of income for a family member.
Note:	See the Form HUD-50058 Instruction Booklet for a detailed description of each income code.
Line 7c:	Use this column to perform income calculations.
Line 7d:	Yearly income amount the family member receives from the income source(s) listed.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income source.
Line 7e:	Income excluded from annual income calculations.
Note:	Includes income disallowance and individual savings accounts (ISA) for Public Housing.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income exclusion.
Line 7f:	The family's total income minus any exclusions. Take dollars per year (line 7d) minus income exclusions (line 7e).
Line 7g:	The total of the dollar amounts listed in column 7f.
Line 7h:	Indicate whether prior year or current/anticipated income has been entered in this section.
Line 7i:	The family's total annual income. Add the final asset income (line 6j) and the total income after income exclusions (line 7g).

8. Deductions and Allowances

8a. Total annual income: copy from 7i			$ 8a.
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 (sum of column 8d)			$ 8e.
If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q			
8f. Medical/disability threshold: 8a X 0.03			$ 8f.
8g. Total annual 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 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.
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)			$ 8k.
8m. Total annual disability assistance and medical expense: 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. Do not count head of household, 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. Total annual unreimbursed childcare costs			$ 8t.
8u. Deductions and allowances not reflected above (all programs; see page vi for more information)			$ 8u.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u (all programs)			$ 8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)			$ 8y.

8:	Expected Income Per Year
Line 8a:	The family's total annual family income. Copy from 7i.
Line 8b:	Public Housing only. The name of each family member in the household, and their individual Member number as provided in line(s) 3a that corresponds to the income information reported.
Line 8c:	Public Housing only. The type of permissible deduction as determined by the PHA.
Line 8d:	Public Housing only. The amount of the permissible deduction.
Line 8e:	Public Housing only. The total of the dollar amounts (permissible deductions) listed in column 8d.
Note:	If the head of household and spouse or co-head are under age 62, and there are no family members with a disability, skip to line 8q. Otherwise, enter all medical expense information for the entire family in lines 8f through 8n.
Line 8f:	Amount of unreimbursed medical and disability expenses that the family must pay before the PHA can deduct an allowance for such expenses from their income. Multiply 0.03 by total annual income (line 8a).
Line 8g:	The family's total annual unreimbursed disability expenses.
Line 8h:	The amount the PHA may potentially deduct for the family's disability expenses. Subtract the medical/disability threshold (line 8f) from the total unreimbursed disability assistance expenses (line 8g).
Note:	If the maximum disability allowance is negative and head/spouse/co-head is under 62 and not disabled, enter 0.
Note:	If the maximum disability allowance is negative and head/spouse/co-head is elderly or disabled, copy the total unreimbursed disability assistance expenses (line 8g).
Line 8i:	Of a family's dollars per year listed in line 7d, determine the earned amount made possible by the unreimbursed disability expenses the family incurs.
Line 8j:	The total disability assistance expense amount the family may deduct. Lower of the maximum disability allowance (line 8h) or the earnings made possible by disability assistance expense (line 8i).
Note:	If the total unreimbursed disability assistance expense (line 8g) is less than the medical/disability threshold (line 8f), and head/spouse/co-head is elderly or disabled, copy the maximum disability allowance (line 8h).
Line 8k:	The total annual amount of the family's medical expenses that another source does not reimburse (e. g., co-payments for medical insurance).
Note:	If the head/spouse/co-head is under 62 and not disabled, enter 0.
Line 8m:	The amount of the family's total disability assistance (line 8j) and medical expenses (line 8k).
Note:	If no disability expenses, copy the total unreimbursed medical expenses (line 8k).
Line 8n:	The amount of the family's allowance for medical expenses and disability assistance expenses.
Note:	If the family does not have any disability assistance expenses or if the total unreimbursed disability assistance expenses (line 8g) is less than the medical/disability threshold (line 8f), enter the total disability assistance and medical expenses (line 8m) minus the medical/disability threshold (line 8f). If the difference is negative, put zero.
Note:	If disability assistance expense and the total unreimbursed disability assistance expense (line 8g) are greater than or equal to the medical/disability threshold (line 8f), copy the total disability assistance and medical expenses (line 8m).
Line 8p:	The family's standard allowance amount if the head of household or spouse or co-head is elderly (age 62 or over), or disabled. The current allowance is $400.
Line 8q:	The total number of dependents who live in the household and are under 18 years of age, or have a disability, or are full-time students of any age.
Line 8r:	Standard allowance amount for each dependent in the household.
Note:	The current allowance per dependent is $480.
Line 8s:	The amount of the family's dependent allowance. Multiply the number of dependents (line 8q) in the household by the standard allowance per dependent amount (line 8r).
Line 8t:	The household's total yearly unreimbursed childcare expenses.
Note:	This is the estimated amount a family expects to pay for childcare during the annual income period.
Line 8u:	The total amount of deductions and allowances not reflected on other lines in this section. These would include those covered in waivers per the MTW Operations Notice. Also, to be used for Local, Non-Traditional Property-Based and Local, Non-Traditional Tenant-Based programs.
Line 8x:	The total amount of all of the family's allowances. Enter the sum of lines 8e, 8n, 8p, 8s, 8t, and 8u.
Line 8y:	The family's adjusted annual income. Subtract total allowances (line 8x) from total annual income (line 8a).
Note:	If 8u or 8x is larger, put 0.

9. Total Tenant Payment (TTP)

9a. Total monthly income: 8a ÷ 12	$	9a.
9c. TTP if based on annual income: 9a X 0.10	$	9c.
9d. Adjusted monthly income: 8y ÷ 12	$	9d.
9e. Percentage of adjusted monthly income: use 30% for vouchers	$	9e.
9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	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	$	9j.
9k. Most recent TTP	$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	$	9m.

9:	Total Tenant Payment (TTP)
Line 9a:	Divide total annual income (line 8a) by 12 to get total monthly income.
Line 9c:	Multiply total monthly income (line 9a) by 0.10 to get total tenant payment (TTP) based on annual income.
Line 9d:	Divide adjusted annual income (line 8y) by 12 to get adjusted monthly income.
Line 9e:	Percentage of adjusted monthly income used to determine total tenant payment (TTP).
Note:	Use 30% for Section 8.
Line 9f:	Multiply the adjusted monthly income (line 9d) by percentage of adjusted monthly income (line 9e) and divide by 100 to get total tenant payment (TTP) based on adjusted monthly income.
Line 9g:	The amount the welfare assistance agency specifically designates for shelter and utilities if the family receives welfare assistance. The welfare assistance agency may adjust this amount in accordance with the actual cost of shelter and utilities.
Note:	If no welfare rent, put 0.
Line 9h:	Enter the PHA established monthly minimum rent amount. The PHA may require the tenant to pay a minimum rent amount up to $50.
Note:	If the PHA waived this payment because of financial hardship, enter 0.
Line 9i:	Enhanced Vouchers only. Enter the monthly rent that the family was paying on the date of the 'eligibility event' for the project.
Line 9j:	The total tenant payment (TTP). The highest amount listed in the lines 9c, 9f, 9g, 9h, or 9i.
Line 9k:	The most recent total tenant payment (TTP) amount for the family.
Note:	This amount is only available if the family previously lived in subsidized housing.
Line 9m:	Indicate if the family qualifies for a minimum rent hardship exemption.
Note:	Under PHRA, a family does not have to pay the PHA established minimum rent if they qualify for a financial hardship exemption.

10. Public Housing

10a. TTP: copy from 9j	$	10a.
10b. Unit's flat rent	$	10b.

Income Based Rent Calculation (if prorated rent, skip to 10h)

10d. Lower of TTP or flat rent (if no flat 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	$	10f.

Income Based Prorated Rent Calculation (if not prorated, skip to 10u)

10h. Public Housing maximum rent		$	10h.
10i. Family maximum subsidy: 10h minus 10a		$	10i.
10j. Total number eligible		$	10j.
10k. Total number in family		$	10k.
10n. Eligible subsidy (10i ÷ 10k) X 10j		$	10n.
10p. Mixed family TTP: 10h minus 10n		$	10p.
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	$	10s.

Type of Rent

10u. Type of rent selected: [ ] Income-based [ ] Flat [ ] Over-income rent [ ] MTW Stepped rent [ ] MTW Tiered rent [ ] MTW alternative gross income [ ] MTW alternative adjusted income [ ] Other MTW alternative rent			
10v. Date over-income family exceeded the two-year grace period (if over-income rent was selected in 10u)			10v.
10w. Alternate tenant rent (if selection other than income-based or flat is marked in 10u)	If positive or 0, put tenant rent	$	10w.
	If negative, credit tenant	$	10w.

10:	Public Housing
Note:	Complete if the family participates in the Public Housing program (line 1c=P) and the type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), or Other Change of Unit (2a= 7).
Line 10a:	The total tenant payment (TTP). Copy from 9j.
Line 10b:	Flat rent dollar amount.
Note:	Flat rent is set by the unit size and building.
Note:	See the Instruction Booklet for the prorated flat rent calculation.
Line 10d:	The lesser amount of either the total tenant payment (TTP) (line 10a) or flat rent (line 10b).
Note:	If there is no flat rent, enter the TTP (line 10a).
Line 10e:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Note:	If there is no utility allowance, enter 0.
Line 10f:	The rent amount the family pays to the owner after deducting the utility allowance (line 10e) from the lower rent (line 10d) or the total credit amount the family receives to pay utilities.
Line 10h:	The maximum rent. To calculate the maximum rent, list the total tenant payments (TTP) paid by all tenants in this size unit in the PHA's jurisdiction from largest to smallest, then take the TTP that falls at the 95th percentile.
Line 10i:	Maximum amount of rent subsidy available to the family. Subtract total tenant payment (TTP) (line 10a) from the Public Housing maximum rent (line 10h).
Line 10j:	The total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 10k:	The total number of family members in the household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 10n:	The total amount of rent subsidy for which the family is eligible. Divide family maximum subsidy (line 10i) by the total number in the family (line 10k) and multiply the product by the total number eligible (line 10j).
Line 10p:	The mixed family total tenant payment (TTP) for the unit based on the proration calculation. Public Housing maximum rent (line 10h) minus eligible subsidy (line 10n).
Line 10r:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Note:	If there is no utility allowance, enter 0.
Line 10s:	The rent amount the family pays to the owner after deducting the utility allowance (line 10r) from the mixed family total tenant payment (TTP) (line 10p), or the total credit amount the family receives to pay for utilities.
Line 10u:	Indicate whether the family selected an income-based rent, flat rent or one of the alternate rent types that are listed. All alternate rent types except over-income are MTW specific per the MTW Operations Notice.
Line 10v:	Indicate the date an over-income family exceeded the two-year grace period outlined in Housing Opportunity Through Modernization Act of 2016 (HOTMA) and related guidance.
Note:	Line 10v should only be completed if over-income was selected in line 10u.
Line 10w:	The rent amount the family pays when an alternate type of rent is selected in line 10u. If the amount is negative due to a utility reimbursement, enter the negative amount and credit the family.

11. Housing Choice Voucher: Project-Based Vouchers and Local, Non-Traditional Property-Based

11b. Is family now moving to this unit? (Y or N)	$	11b.
11d. Did family move into your PHA jurisdiction under 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. Housing type [ ] Group Home (prorate gross rent) [ ] SRO: 1 room occupied by 1 person		
11h. Owner name		11h.
11i. Owner TIN/SSN		11i.
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.
11q. TTP: copy from 9j	$	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	$	11s.
11t. HAP to owner: lower of 11k or 11r		$	11t.
11u. MTW specific alternate rent type: [ ] MTW alternative gross income [ ] MTW Stepped rent [ ] MTW Tiered rent [ ] MTW alternative adjusted income [ ] Other MTW alternative rent			
11v. Alternate HAP to owner (if a selection is made in 11u, including Local, Non-Traditional Property-Based program)		$	11v.
11w. Alternate tenant rent (if a selection is made in 11u, including Local, Non-Traditional Property-Based program)		$	11w.

Prorated Rent Calculation

11aa. Normal total HAP: 11n minus 11q		$	11aa.
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	$	11ak.
11an. Prorated HAP to owner: 11k minus 11ak (if 11ak is negative, put 11k)		$	11an.
11ap. MTW specific alternate rent type: [ ] MTW alternative gross income [ ] MTW Stepped rent [ ] MTW Tiered rent [ ] MTW alternative adjusted income [ ] Other MTW alternative rent			
11aq. Alternate prorated HAP to owner (if a selection is made in 11ap, including Local, Non-Traditional Property-Based program)		$	11aq.
11ar. Alternate prorated tenant rent (if a selection is made in 11ap, including Local, Non-Traditional Property-Based program)		$	11ar.

11:	Housing Choice Voucher: Project-Based Vouchers and Local, Non-Traditional Property-Based
Note:	Complete if the family participates in the Project Based Voucher program (1c= PR) or Local, Non-Traditional Property-Based (1c = LP) and the type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7).
Line 11b:	Indicate if the family is now moving into the unit.
Line 11d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 11e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP), on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 11f:	The initial PHA's 2-letter state code and 3-digit identification number.
Line 11g:	Check the housing type that applies to the family's housing unit.
Line 11h:	The Section 8 unit owner's legal name.
Line 11i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 11k:	Total monthly rent amount paid to the unit owner under the lease, or other subsidized rent amount.
Line 11m:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 11n:	To get the unit's total monthly rent amount, or gross rent, add the contract rent to owner (line 11k) and the utility allowance (line 11m).
Line 11q:	The total tenant payment (TTP). Copy from 9j.
Line 11r:	Total housing assistance payment (HAP), which is composed of the gross rent of unit (line 11n) minus total tenant payment (TTP) (line 11q).
Line 11s:	The rent amount the family pays to the owner after deducting the total housing assistance payment (HAP) (line 11r) from the contract rent to owner (line 11k), or the total credit amount the family receives to pay utilities.
Line 11t:	The amount of the housing assistance payment (HAP) to the unit owner. The lower amount of the contract rent to owner (line 11k) or total HAP (line 11r).
Line 11u:	Indicate the MTW specific alternate rent type the family's rent is determined by if the family's rent is not calculated using the standard rent calculation detailed on this form.
Line 11v:	The total housing assistance payment (HAP) to the unit owner for a family if the PHA is utilizing an alternate rent, as indicated in 11u, or the family is participating in the Local, Non-Traditional Property-Based program.
Line 11w:	Tenant rent to owner determined by the PHA for a family if the PHA is utilizing an alternate rent, as indicated in 11u, or the family is participating in the Local, Non-Traditional Property-Based program.
Line 11aa:	Amount of the normal total housing assistance payment. Subtract total tenant payment (TTP) (line 11q) from gross rent (line 11n).
Line 11ae:	Total number of family members eligible for a rent subsidy based on the Noncitizens Rule.
Line 11af:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 11ag:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 11ae) by total number in family (line 11af).
Line 11ah:	Total prorated housing assistance payment (HAP). Multiply normal total HAP (line 11aa) by proration percentage (line 11ag).
Line 11ai:	Total tenant payment (TTP) for the unit based on the proration calculation. Gross rent of unit (line 11n) minus prorated total housing assistance payment (HAP) (line 11ah).
Line 11aj:	Monthly allowance amount for tenant supplied utilities if the payment does not include all utilities. Copy from line 11m.
Line 11ak:	The rent amount the family pays to the owner after deducting the utility allowance (line 11aj) from the mixed family total tenant payment (TTP) (line 11ai), or the total credit amount the family receives to pay utilities.
Line 11an:	The total prorated housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 11ak) from the contract rent to owner (line 11k).
Note:	If the mixed family tenant rent (line 11ak) is negative, enter the contract rent to owner (line 11k).
Line 11ap:	Indicate the MTW specific alternate rent type the family's rent is determined by if the family's rent is not calculated using the standard prorated rent calculation detailed on this form
Line 11aq:	The total prorated housing assistance payment (HAP) to the unit owner for a family if the PHA is utilizing an alternate rent, as indicated in 11ap, or the family is participating in the Local, Non-Traditional Property-Based program.
Line 11ar:	Prorated tenant rent to owner determined by the PHA for a family if the PHA is utilizing an alternate rent, as indicated in 11ap, or the family is participating in the Local, Non-Traditional Property-Based program.

12. Housing Choice Voucher: Tenant-Based Vouchers or Local, Non-Traditional Tenant-Based

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. 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   [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space

[ ] SRO: 1 room occupied by 1 person

12h. Owner name		12h.
12i. Owner TIN/SSN		12i.
12j. Payment standard for the family	$	12j.
12k. Rent to owner	$	12k.
12m. Utility allowance, if any	$	12m.
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

12t. Total family share: 12p minus 12s			
12u. HAP to owner: lower of 12k or 12s			
12v. Tenant rent to owner: 12k minus 12u			
12w. Utility reimbursement to family: 12s minus 12u, but do not exceed 12m			
12x. MTW specific alternate rent type: [ ] MTW alternative gross income [ ] MTW Stepped rent [ ] MTW Tiered rent [ ] MTW alternative adjusted income [ ] Other MTW alternative rent			
12y. Alternate HAP to owner (if a selection is made in 12x, including Local, Non-Traditional Tenant-Based program)	$		12y.
12z. Alternate tenant rent (if a selection is made in 12x, including Local, Non-Traditional Tenant-Based program)	$		12z.

Prorated Rent Calculation

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	$			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: 12ag minus 12ah	If positive or 0, put tenant rent	$		12ai.
	If negative, credit tenant	$		12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k	$			12aj.
12ak. MTW specific alternate rent type: [ ] MTW alternative gross income [ ] MTW Stepped rent [ ] MTW Tiered rent [ ] MTW alternative adjusted income [ ] Other MTW alternative rent				
12am. Alternate prorated HAP to owner (if a selection is made in 12ak or for the Local, Non-Traditional Property-Based program)	$			12am.
12an. Alternate prorated tenant rent (if a selection is made in 12ak, including Local, Non-Traditional Property-Based program)	$			12an.

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

12:	Housing Choice Vouchers: Tenant Based Vouchers and Local, Non-Traditional Tenant-Based
Note:	Complete if the family participates in the Tenant-Based Voucher program (1c = T) or Local, Non-Traditional Tenant-Based (1c = LN) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7).
Line 12a:	Unit size (number of bedrooms) listed on the family's Voucher.
Line 12b:	Indicate if the family is now moving into the unit.
Line 12c:	Indicate whether or not the family qualifies as Hard to House. A family qualifies as Hard to House if there are three or more minors or if there is a disabled family member and the family is moving to a different unit.
Line 12d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 12e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 12f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office.
Line 12g:	Check the housing type that applies to the family's housing unit.
Line 12h:	The unit owner's legal name.
Line 12i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 12j:	Enter maximum monthly assistance payment for a family assisted in the Voucher program.
Line 12k:	Total monthly rent payable to the unit owner under the lease for the contract unit.
Line 12m:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 12p:	Gross rent of unit or space rent. Add rent to owner (line 12k) to the utility allowance (line 12m).
Line 12q:	Lower of Voucher payment standard for family (line 12j) or gross rent of unit (line 12p).
Line 12r:	Total tenant payment (TTP). Copy from 9j.
Line 12s:	Total housing assistance payment (HAP), which is composed of the lower of the payment standard for the family or gross rent (line 12q) minus total tenant payment (TTP) (line 12r).
Line 12t:	Amount the family contributes toward rent and utilities. Subtract total housing assistance payment (HAP) (line 12s) from gross rent of unit (line 12p).
Line 12u:	The amount of the housing assistance payment (HAP) to the unit owner. The lower of the rent to owner (line 12k) or total HAP (line 12s).
Line 12v:	Rent amount the family pays to the owner after deducting the housing assistance payment (HAP) to owner (line 12u) from the rent to owner (line 12k).
Line 12w:	The utility reimbursement to the family from the PHA. Subtract housing assistance payment (HAP) to owner (line 12u) from total HAP (line 12s), but do not exceed the utility allowance (line 12m).
Line 12x:	Indicate the MTW specific alternate rent type the family's rent is determined by if the family's rent is not calculated using the standard rent calculation detailed on this form.
Line 12y:	The total housing assistance payment (HAP) to the unit owner for a family if the PHA is utilizing an alternate rent, as indicated in 12x, or the family is participating in the Local, Non-Traditional Tenant-Based program.
Line 12z:	Tenant rent to owner determined by the PHA for a family if the PHA is utilizing an alternate rent, as indicated in 12x, or the family is participating in the Local, Non-Traditional Tenant-Based program.
Line 12ab:	The amount of the normal total housing assistance payment (HAP).
Line 12ac:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 12ad:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 12ae:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 12ac) by total number in the family (12ad).
Line 12af:	Multiply total normal housing assistance payment (HAP) (line 12ab) by the proration percentage (line 12ae).
Line 12ag:	The mixed family total family contribution based on the proration calculation. Take the gross rent of unit (line 12p) minus prorated total housing assistance payment (HAP) (line 12af).
Line 12ah:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 12ai:	The rent amount the family pays to the owner after subtracting the utility allowance (line 12ah) from the mixed family total family contribution (line 12ag); or the total credit amount the family receives to pay for utilities.
Line 12aj:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent to owner (line 12ai) from the rent to owner (line 12k).
Note:	If the mixed family tenant rent to owner (line 12ai) is negative, enter the rent to owner (line 12k).
Line 12ak:	Indicate the MTW specific alternate rent type the family's rent is determined by if the family's rent is not calculated using the standard prorated rent calculation detailed on this form.
Line 12am:	The total prorated housing assistance payment (HAP) to the unit owner for a family if the PHA is utilizing an alternate rent, as

12:	Housing Choice Vouchers: Tenant Based Vouchers and Local, Non-Traditional Tenant-Based
	indicated in 12ak, or the family is participating in the Local, Non-Traditional Tenant-Based program.
Line 12an:	Prorated tenant rent to owner determined by the PHA for a family if the PHA is utilizing an alternate rent, as indicated in 12ak, or the family is participating in the Local, Non-Traditional Tenant-Based program.
Line 12ap:	Total financial assistance provided by the PHA to a household when the household is leasing a new TBV unit.
Line 12aq:	Total financial assistance provided by the PHA to the landlord when a household is leasing a new TBV unit.

15. Homeownership Vouchers

15a. Is family now moving to this home? (Y or N)		15a.
15b. Date (mm/dd/yyyy) of initial HQS inspection		15b.
15c. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to15f)		15c.
15d. Cost billed per month (put 0 if absorbed)	$	15d.
15e. PHA code billed		15e.
15f. Monthly homeownership payment (PITI & MIP if applicable)	$	15f.
15g. Utility allowance	$	15g.
15h. Monthly maintenance allowance	$	15h.
15i. Monthly major repair/replacement allowance	$	15i.
15j. Monthly Co-op/Condominium assessments	$	15j.
15k. Monthly principal and interest on debt for improvements, if any	$	15k.
15m. Gross homeownership expense: 15f + 15g + 15h + 15i + 15j + 15k	$	15m.
15n. Payment standard for family	$	15n.
15p. Lower of 15m and 15n	$	15p.
15q. TTP: copy from 9j	$	15q.
15r. HAP: 15p minus 15q (if 15q is larger, put 0)	$	15r.

Subsidy Calculation (if prorated, skip to 15aa)

15s. Total family share: 15m minus 15r	$	15s.

Prorated Subsidy Calculation

15aa. Normal total HAP: copy from 15r	$	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: 15m minus 15ae	$	15af.

15.	Homeownership Vouchers
Note:	Complete if program type is Homeownership (line 1c = H) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7).
Line 15a:	Indicate if the family is now moving into the home.
Line 15b:	Date of the initial housing quality standards (HQS) inspection.
Line 15c:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 15d:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 15e:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office.
Line 15f:	The monthly homeownership cost.
Note:	Includes principal and interest on initial mortgage debt, taxes and insurance (PITI) and any mortgage insurance premium (MIP), if applicable.
Line 15g:	The PHA's utility allowance for the unit.
Line 15h:	The amount of PHA's allowance for the homeowner's monthly routine maintenance costs.
Line 15i:	The amount of the PHA's allowance for the homeowner's major home repairs and replacements.
Line 15j:	If applicable, enter co-op occupancy charges or condominium association assessments.
Line 15k:	The amount of principal and interest for debt associated with home improvements on the unit.
Line 15m:	Calculation of tenant's total cost of homeownership. Sum of 15f through 15k.
Line 15n:	Enter the lower of the payment standard for the unit size as indicated on the family's Voucher or the payment standard for the unit size that the family actually owns.
Line 15p:	The lower of gross homeownership expense (line 15m) and the payment standard for the family (line 15n).
Line 15q:	Total tenant payment (TTP). Copy from 9j.
Line 15r:	The amount of monthly homeownership assistance payment (HAP). Subtract total tenant payment (TTP) (line 15q) from the lower of 15m and 15n (line 15p).
Note:	If the TTP (line 15q) is larger, enter 0.
Line 15s:	Total amount the family contributes toward homeownership. Subtract housing assistance payment (HAP) (line 15r) from gross homeownership expense (line 15m).
Line 15aa:	The amount of the normal total housing assistance payment.
Line 15ab:	Total number of family members eligible for homeownership subsidy based on the Noncitizens Rule.
Line 15ac:	Total number of family members in the household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 15ad:	Percentage of family eligible for homeownership subsidy. Divide the total number eligible (line 15ab) by the total number in family (line 15ac).
Note:	Do not include live-in aides or foster children and adults. Include ineligible noncitizen family members as part of the total family number.
Line 15ae:	The total prorated amount of the homeownership assistance payment (HAP) to the homeowner. Multiply normal total HAP (line 15aa) by the proration percentage (line 15ad).
Line 15af:	The mixed family total family contribution based on the proration calculation. Subtract the prorated housing assistance payment (HAP) (line 15ae) from the gross homeownership expense (line 15m).

17. Family Self-Sufficiency (FSS)/MTW Self-Sufficiency

17a. Participate in special programs? (check all that apply) [ ] FSS [ ] MTW self-sufficiency	
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. MTW self-sufficiency report category: (check no more than one) [ ] Enrollment [ ] Progress [ ] Exit	
17f. MTW self-sufficiency effective date (mm/dd/yyyy) of action	17f.
17g. PHA code of PHA administering MTW self-sufficiency contract	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

(2) Date (mm/dd/yyyy) 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. FSS family services table (for MTW self-sufficiency go to 17r)

	(1) Need (Y or N)	(2) Need Met Through Participation in 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 = Nonprofit agency	C = Community college

17:	Family Self-Sufficiency (FSS)/MTW Self-Sufficiency Addendum
Note:	Complete this section if the family participates in the Family Self-Sufficiency or MTW self-sufficiency Programs.
Line 17a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program, an MTW self-sufficiency program, or both.
Line 17b:	Check one category to indicate the purpose of the FSS Addendum.
Line 17c:	The effective date of the FSS action.
Line 17d:	The PHA code associated with the PHA that provides the FSS services.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office.
Line 17e:	Check one category to indicate the purpose of the MTW self-sufficiency Addendum.
Line 17f:	The effective date of the MTW self-sufficiency action.
Line 17g:	The PHA code associated with the PHA that provides the self-sufficiency services
Line 17h(1):	Indicate the head of household's current employment status.
Line 17h(2):	The date the head of household began his/her current job.
Line 17h(3):	Indicate the head of household's current employment benefits. Check all that apply.
Line 17h(4):	Enter the highest *grade* or the *full* years of formal schooling that the head of household completed (0-25).
Note:	Years of schooling begin with first grade (do not count kindergarten or pre-school).
Line 17h(5):	Indicate whether or not the family receives additional assistance, such as food stamps, Medicaid, TANF assistance, or the earned income tax credit.
Line 17h(6):	The number of children in the household who receive childcare services.
Line 17i(1):	Indicate whether or not the PHA identified individual training and service needs of the family members participating in the FSS program.
Line 17i(2):	If the PHA identified certain needs for family members, indicate whether or not these needs were met during participation in the FSS program.
Line 17i(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.
Note:	Line 17i is only for the FSS program.

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 extended to (mm/yyyy) (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 a 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)	
(2) If (1) is Yes, did family move to homeownership? (Y or N)	

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

MTW Self-Sufficiency Program

17n. MTW self-sufficiency Contract Information

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

17p. MTW self-sufficiency Escrow account information

(1) Current account monthly credit	$	17p(1).
(2) Current account balance	$	17p(2).
(3) Account amount disbursed to the family (cumulative as of end of reporting period)	$	17p(3).

17q. MTW self-sufficiency exit information (MTW self-sufficiency Exit Report only)

(1) Did family complete contract of participation? (Y or N)	17q(1).
(2) If (1) is Yes, did family move to homeownership? (Y or N)	17q(2).

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

17r. MTW self-sufficiency family services table (for FSS go to 17i)

	(1) Need (Y or N)	(2) Need Met Through Participation in 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			

17r (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

17:	Family Self-Sufficiency (FSS)/MTW Self-Sufficiency Addendum (continued)
Line 17j(1):	FSS enrollment report only. The effective date of the family's FSS contract of participation; the date the family *initially* enrolled in the FSS program.
Line 17j(2):	FSS enrollment report only. The expiration date of the family's FSS contract of participation; the date the family is *initially* expected to exit the FSS program. The contract term is for a period of 5 years.
Line 17j(3):	If applicable, the date to which the PHA has extended the family's FSS contract of participation.
Line 17j(4):	The number of family members in the household who have current Individual Training and Services Plans under the FSS contract of participation.
Line 17j(5):	For new FSS enrollment, indicate whether or not the family received an FSS selection preference due to participation in a related service program.
Line 17k(1):	The current dollar amount credited to the family's FSS account due to increases in earned income by the family.
Line 17k(2):	The current dollar amount of the family's FSS account based on the most recent report of account funds and activity.
Line 17k(3):	Total dollar cumulative amount, if any, of all FSS escrow disbursements ever made to the family.
Line 17m(1):	Indicate if the family fulfilled all of its obligations under the contract during the contract term, or when 30% of the family's monthly adjusted income equals or exceeds the existing housing fair market rent (FMR) for the unit size for which the family qualifies.
Line 17m(2):	Indicate if the family completed the contract and is moving to homeownership.
Line 17m(3):	Indicate why the family is not moving to homeownership (why family exited the program).
Line 17n(1):	MTW self-sufficiency enrollment report only. The effective date of the family's FSS contract of participation; the date the family *initially* enrolled in the self-sufficiency program.
Line 17n(2):	MTW self-sufficiency enrollment report only. The expiration date of the family's FSS contract of participation; the date the family is *initially* expected to exit the self-sufficiency program.
Line 17n(3):	If applicable, the date to which the PHA has extended the family's MTW self-sufficiency contract of participation.
Line 17n(4):	The number of family members in the household who have current Individual Training and Services Plans under the contract of participation.
Line 17n(5):	For new MTW self-sufficiency enrollment, indicate whether or not the family received a selection preference due to participation in a related service program.
Line 17p(1):	The current dollar amount credited to the family's account due to increases in earned income by the family.
Line 17p(2):	The current dollar amount of the family's account based on the most recent report of account funds and activity.
Line 17p(3):	Total dollar cumulative amount, if any, of all escrow disbursements ever made to the family.
Line 17q(1):	Indicate if the family fulfilled all of its obligations under the contract during the contract term.
Line 17q(2):	Indicate if the family completed the contract and is moving to homeownership.
Line 17q(3):	Indicate why the family did not complete its MTW self-sufficiency contract.
Line 17r(1):	Indicate whether or not the PHA identified individual training and service needs of the family members.
Line 17r(2):	If the PHA identified certain needs for family members, indicate whether or not the program meets these needs.
Line 17r(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.
Note:	Line 17r is only for the MTW self-sufficiency program.