



Annual Compliance Report Attachment RENTAL SCHEDULE FOR STATE-ASSISTED UNITS

This occupancy information must be completed for all State-Assisted Units during the entire reportable year. If a unit was (for any period of time during the reportable year) vacant, please note “vacant” in the Household Last Name column, and the dates of vacancy in the Move-In Date & Move-Out Date columns. This information must be attached to your Annual Compliance Report. You need only to report on your State-Assisted Units.

Project/Property Name & Address: _____

Unit #	# of BRs	Household Last Name	Unit Set-Aside (50%, 60%, 80% or OI)	Race of HH (see codes below)	Hispanic? (Y or N)	Total # of People in Unit	Move-In Date	Annual Certification/ Re-Cert Date	Move-Out Date	Total Annual Household Income (including income from Assets)	Unit Monthly Rent A	Utility Allowance B	Total Monthly Housing Cost for the unit C A + B = C	Type of Rental Subsidy to Unit (if applicable), i.e., Section 8, Project Based Rental Assistance	Amount of Rental Assistance	Total Monthly Rent paid by Tenant (TPR + UA)

Race of Household Code

- 11 – White
- 12 – Black/African American
- 13 – Asian
- 14 – American Indian/Alaska Native
- 15 – Native Hawaiian/Other Pacific Islander

- 16 – American Indian/Alaska Native & White
- 17 – Asian & White
- 18 – Black/African American & White
- 19 – American Indian/Alaska Native & Black/African American
- 20 – Other Multi-Racial

Hispanic Code

- Y - Yes
- N - No