Arizona Department of Housing

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. <u>You need only to report on your State-Assisted Units.</u>

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 (without Utility Allowance)	Utility Allowance	Total Monthly Rent Charged for the Unit (UMR + UA)	Type of Rental Subsidy to Unit (if applicable), i.e., Section 8	Amount of Rental Assistance Received for Unit (not paid by tenant)	Total Monthly Rent paid by Tenant

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