12A–16, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

The Commissioner has determined for the reasons stated that those portions of the advisory committee meetings so designated in this notice shall be closed. The Federal Advisory Committee Act (FACA) (5 U.S.C. app. 2, 10(d)), permits such closed advisory committee meetings in certain circumstances. Those portions of a meeting designated as closed, however, shall be closed for the shortest possible time, consistent with the intent of the cited statutes.

The FACA, as amended, provides that a portion of a meeting may be closed where the matter for discussion involves a trade secret; commercial or financial information that is privileged or confidential; information of a personal nature, disclosure of which would be a clearly unwarranted invasion of personal privacy; investigatory files compiled for law enforcement purposes; information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action; and information in certain other instances not generally relevant to FDA matters.

Examples of portions of FDA advisory committee meetings that ordinarily may be closed, where necessary and in accordance with FACA criteria, include the review, discussion, and evaluation of drafts of regulations or guidelines or similar preexisting internal agency documents, but only if their premature disclosure is likely to significantly frustrate implementation of proposed agency action; review of trade secrets and confidential commercial or financial information submitted to the agency; consideration of matters involving investigatory files compiled for law enforcement purposes; and review of matters, such as personnel records or individual patient records, where disclosure would constitute a clearly unwarranted invasion of personal privacy.

Examples of portions of FDA advisory committee meetings that ordinarily shall not be closed include the review, discussion, and evaluation of general preclinical and clinical test protocols and procedures for a class of drugs or devices; consideration of labeling requirements for a class of marketed drugs or devices; review of data and information on specific investigational or marketed drugs and devices that have previously been made public; presentation of any other data or information that is not exempt from public disclosure pursuant to the FACA, as amended; and, deliberation to formulate advice and recommendations to the agency on matters that do not independently justify closing.

This notice is issued under section 10(a)(1) and (a)(2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: September 19, 1996.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 96–24755 Filed 9–26–96; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4086–N–53]

Office of the Assistant Secretary for Public and Indian Housing; Notice of Proposed Information Collection for Public Comment

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due: November 26, 1996.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451-7th Street, SW., Room 4238, Washington, DC 20410–5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–0846, extension 4128, (this is not a toll-free number) for copies of the proposed forms and other available documents.

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques of other forms of information technology.

This Notice also lists the following information:

Title of Proposal: Family Report and Family Self-Sufficiency Addendum.

OMB Control Numbers: 2577–0083 and 2577–0184.

Description of the need for the information and proposed use: Collection of this information 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), the Fair Housing Act (42 U.S.C. 3601–19), and Section 214 of the Housing and Community Development Act of 1980. Public Housing Agencies (PHAs) and Indian Housing Authorities (IHAs) administering public, Indian Housing and the Section 8 Rental Certificate, Rental Voucher and Moderate Rehabilitation Programs must submit family information to assist HUD in managing and monitoring HUD-assisted programs. HUD will use the information to (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. The Forms HUD–50058 and HUD–50058–FSS are being revised to reflect legislative changes and requirements. Initially, PHAs/IHAs will need ½ hour to input the data into each Form HUD–50058. After a three-year period, average input time should be reduced to 15 minutes per form. The reduction in time will be due to the pre-entering of key information on the form (i.e., income changes, change in family composition, etc.). PHAs/IHAs

administering the FSS program require 15 minutes per form for completion of the information.

Members of the affected public: State or Local Governments, Individuals or Households.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: HUD–50058: Number of respondents, 4500; number of responses per respondent, 916.5; total annual responses: 4,124,250; hours per response, 0.5; total burden hours: 2,062,125.

Projected Three Year Period: Hours per response will be reduced to 0.25 for total burden hour 1,031,062.

Status of the proposed information collection: Revision of and currently approved collection.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: September 11, 1996.

Michael B. Janis,

General Deputy Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

Family Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval Number 2577-0083 (expires 12/31/96)

People Who Will Live in the Home

1 Effective Date of action

2a.Person number	2b. Last Name	2c.First Name & Sr, Jr, 3rd, etc	2d.Date of Birth mmddyyyy	2e.Sex M or F	2f.Re-* lation	2ff.Ci-● tizen	2g.Dis-ability?	2h. His/Her own Social Security No. *If none put 0*
01 Head					H			
02								
03								
04								
05								
06								

2i. Total Number of people.

* Codes in 2f: H = head S = spouse F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L = live-in aide A = other adult
● Codes in 2ff (blank in Indian mutual): US = US citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification XX = F or L in 2f.

Expected Income per Year

3x. Adult earnings excluded from 3a, if any

3a Dollars per Year	3b Who? (no. in 2a)	3c Source: Each source for each person on a separate line.
		PE = pension B = own business
		SS = social security M = military pay
		SI = SSI F = federal wage
		D = AFDC HA = HA wage
		G = general assist. W = other wage
		CS = child support U = unemp. benifit
		IS = Income of immigrant's sponsor
		I = Indian trust/per capita
		N = other nonwage sources

4e Asset income (see worksheet) 4a Assets

5 **Total Annual Income:** column 3a + line 4e

6 Number of people under 18, or with disability, or full-time student. Don't count head, spouse, foster child/adult, or live-in aide.

7a *If* **head and spouse are under 62 and have no disabilities, skip to line 8.** Otherwise write **yearly medical** cost that is not reimbursed in 7a and fill 7b to 7d

7b Medical threshold: line 5 times correct % (e.g., line 5 x 0.03)

+ 7c Medical allowance: 7a - 7b. *If 7b is bigger, put 0*

+ 7d Elderly/disability allowance: usually $400

+ 8 *If anyone has handicapped assistance expenses, see adjustment, page 3. If not, write 0*

9 Allowance per dependent

+ 9a Dependent Allowance: line 6 times line 9

+ 9b Yearly Child Care Cost that is not reimbursed

+ 9c (Indian Housing Only) Travel Cost to work/school

+ 9d Optional earned income deduction. *This is different from 3x.*

+ 9e Additional allowances

10a Total Allowances: add lines marked "+" (7c to 9e, except line 9)

10b **Adjusted Annual Income:** line 5 minus line 10a. *If line 10a is bigger, write 0*

10c Fraction of **Adj.** income (ex.: 0.30 for 30%)

▲ 11 Rent on **Adj.** income: line 10b ÷ 12 x line 10c

11b Fraction of **Total** income: (ex.: 0.10 for 10%)

▲ 12 Rent on **Total** income: line 5 ÷ 12 x line 11b

▲ 13 Welfare rent per month, if any

▲ 13b Minimum rent (put 0 if waived)

14 Highest of 4 lines marked "▲" (lines 11, 12 to 13b)

14b Previous TTP (line 14 from previous form 50058)

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Background Data

15a Date Entered waiting list (mmddyyyy)

15b Zip Code before admission (5 digits)

15c Date of admission to program (mmddyyyy)

15cc Homeless at admission? **Y** or **N**

15d 1 = White 3 = American Indian/Alaska Native
2 = Black 4 = Asian/Pacific Islander

15e 1 = Hispanic 2 = Not Hispanic

15ee Noncitizen subsidy status:
E = No member is IN in column 2ff
T = Temporary deferal of termination (if assisted 6/19/95)
P = Prorated. Not T and any member is IN - Submit Mixed Family Proration Addendum instead of filling 16, 21, 22, 23, or 24.

15f Family Self-Sufficiency participant? **Y** or **N**
If "Y," submit FSS Addendum (form HUD-50058-FSS)

15h 1 = New Admission 5 = Portability Move-out
2 = Reexamination 6 = End Participation
3 = Interim Redeterm. (see definitions on page 4)
4 = Portability Move-in 7 = Other Change of Unit

15i If changed head, write former head's Social Security Number

15j 1 = Public Housing 4 = Sec.8 Vouchers
2 = Indian Housing 5 = Sec.8 Mod Rehab
3 = Sec.8 Certificates

15jj Use if instructed by HUD

15k Agency Name

15l Project No.(include the 2-letter State; see page 4)

15n Number of Bedrooms in unit to be occupied

15o Unit's street address Apt. no.

City State Zip

Public Housing, Indian Rental & Turnkey III

	16a Ceiling Rent, if any
	16b Lower Rent: lower of line 14 or 16a
	16c Utility Allowance, if any
	16d Tenant Rent: 16b minus utility (16c) *If utility is bigger* ◯ *mark the circle, write the difference, credit the tenant*
	16e Reserved

Indian Mutual Help

	17a Monthly income: line 10b ÷ 12 months
	17b Number between 0.15 and 0.30 corresponding to the percent in the mutual help agreement
	17c Gross family cost: 17a times 17b
	17d Utility allowance, if any
▲	17e Net cost: 17c minus 17d. *If 17d is bigger, put 0*
▲	17f Administration charge
	17g Maximum monthly payment in agreement, if any (usually 17f + monthly debt service)
	17h Family cost: higher of 17e, 17f, but not over 17g
	17i Reserved

Sec. 8 Unit Data: Certificates, Vouchers & Mod Rehab

	18 Admitted over very low-income limit: 0 = No 1 = Yes (rarely allowed: see instructions)
	19b Owner/Agent
	19c Owner's TIN/SSN
	19dd Date unit last inspected (mmddyyyy)
	19d Date unit last passed inspection (mmddyyyy)

Sec.8 Certificates & Vouchers (including Mod Rehab funding used for certificates)

	20a Number of bedrooms on certificate or voucher
	20b Is family now moving to this unit? **Y** or **N**
	20c Portability? **Y** or **N** *If "No," skip to 20f*
	20d Cost billed per month. *Write 0 if absorbed*
	20e **HA No. billed** (7-8 characters; may ask 1-800-fon-mtcs)

Mark Y = Yes for all housing types that apply:

- 20f ☐ Project-based Certificate program unit
- 20g ☐ SRO: 1 room occupied by 1 person
- 20h ☐ IGR: has continual supportive services (prorate gross rent)
- 20i ☐ Mod Rehab funding used for certificates
- 20j ☐ Owner-occupied mobile/manufactured home on rented space/pad - see item 24
- 20k ☐ Over-FMR Tenancy Option - (OFTO)

Sec. 8 Certificates (except manufactured home sites)

▼	21a FMR or exception rent, fill if: Over-FMR Tenancy Option (**OFTO**) (20k = Y), or **New** admission (15h = 1), or **Move** (20b = Y)
▼▼	21b Contract rent to owner *If unit has other subsidy, write the subsidized rent*
	21c Utility allowance, if any
▼	21d Gross rent of unit: 21b + 21c
	21dd Maximum subsidy: copy 21d, *except in OFTO put lower of 21a or 21d(▼)*
	21e Total tenant payment: copy from line 14
▼▼	21ee Total HAP: 21dd minus 21e. *If 21e is bigger, put 0.*
	21f Tenant rent: 21b minus 21ee. *If 21ee is bigger than 21b, mark the circle, write the difference, and credit the tenant.* ◯
	21ff Reserved
	21g HAP to Owner: lower of 21b or 21ee(▼▼)

Sec. 8 Vouchers

	22a Voucher Payment standard *In Sec. 236 & FmHA Sec. 515, do not exceed basic rent plus utility allowance*
	22b Rent on Adjusted income: copy from line 11
▼	22c Maximum subsidy: 22a minus 22b
	22f Utility allowance, if any
▼▼	22g Rent to owner
	22h Gross rent of unit: 22f plus 22g
	22i Gross rent less maximum subsidy: 22h minus 22c
▲	22j Minimum family contribution: Higher of line 12 or line 13b
▲	22k **Total family contribution**: higher of 22i or 22j (▲)
	22l Gross rent less contribution: 22h minus 22k
▼	22m Total voucher subsidy: lower of 22c or 22l (▼)
▼▼	22n **HAP to owner**: lower of 22g or 22m (▼▼)
	22o **Family rent to owner:** 22g minus 22n
	22oo Reserved
	22p Utility reimbursement to family: 22m minus 22n

Sec.8 Mod Rehab (except converted to Certificate)

	23a Current base rent
	23b Rehabilitation debt service
	23c Contract rent to owner: 23a plus 23b
	23d Utility allowance, if any
	23e Total tenant payment: copy from line 14
	23f Tenant rent: 23e minus 23d. *If 23d is bigger, mark the circle, write difference and credit tenant* ◯
	23ff Reserved
	23g HAP to owner: 23c - 23f. *If circle is marked copy 23c*
	23h HAP contract number
	23j Mod Rehab SRO Program for homeless? **Y** or **N**

DRAFT

Name and Social Security Number or Date of Birth of head (if this page is separated from other page)

Manufactured Home Owner Renting the Space

▼	24a FMR or exception rent, fill if: **Voucher** (15j = 4), or Over-FMR Tenancy Option (**OFTO**) (20k = Y), or **New** admission (15h = 1), or **Move** (20b = Y)
	24c Furniture included in purchase price? **Y** or **N**
	24d Monthly amortization payment
	24e Deduction: If 24c is "Y," 24d times 0.15; *If "N," put 0*
	24f Adjusted amortization: *24d minus 24e*
	24g Utility allowance, if any
▼	24h Rent to owner (space rent)
	24i Gross rent: 24f + 24g + 24h
	24j Total tenant payment: copy from line 14. *If Voucher, copy from line 11.*
▼	24k Gross rent minus TTP: 24i minus 24j
▼	24kk (*Voucher only*) Rent to owner minus minimum family contribution: 24h minus line 12
	24l HAP to owner: If regular Certificate, lower of 24h or 24k. If Voucher, lowest of 24a, 24k, or 24kk. If OFTO, lowest of 24a, 24h, or 24k.
	24m Tenant rent: 24h minus 24l
	24n Reserved

Optional Worksheet for Income (enlarge for actual use)

$ per Period P	Periods per Year Q	$ per Year R	Earnings Exclusions if any S	Countable Income (R - S) T	Earnings Deductions if any U	Who Receives V	Their No. in 2a W	Source of Income X	Source Code Y
Column Totals									
			copy total to 3x	copy entire column to 3a	copy total to 9d			copy entire column to 3b	copy entire column to 3c

Note 1: Excluded income (S) is excluded before determining eligibility for admission or any rent. Deducted income (U) is only deducted in determining adjusted income (10b) but does not affect eligibility for admission or line 12. Therefore, they are copied to different places on the forms. HUD rules are currently changing on what can be excluded and deducted.

Note 2: "Q" sometimes may have 2 numbers, for example: "10 x 30" for 10 weeks at 30 hours per week.

Assets & Adjustment for line 4 of the form:

This section calculates all asset income. Do not include asset income in section 3 on page 1. HUD counts asset income as what the family actually receives, **or** the passbook rate times net assets, whichever is more. When you list assets here, **include** real property, savings, investments, and other capital. Also, if an asset was given away or sold for less than market value in the last 2 years, include the difference between market value and amount received. **Do not** include: personal property like cars or furniture, equity in a co-op or mobile home where the family lives, or in a business, farm or HUD homeownership program, irrevocable trusts, the value of pensions, or interests of individual Indians in trust or restricted lands.

Cash Value	Expected Income	Describe one asset on each line
4a	4d▲	Totals of "Cash Value" and "Expected Income"

	4b Applicable passbook rate (use a decimal, for example, 3.25% is 0.0325)
▲	4c Imputed asset income: 4a times 4b. *If 4a is $5,000 or less, put 0 on line 4c*
	4e Final asset income: higher of 4c or 4d(▲)

Copy 4a and 4e to page 1

Handicapped Assistance Adjustment for line 8 of the form:

This section does not calculate total handicapped assistance allowance, but only the difference between handicapped plus medical allowance and the simplified medical allowance already on the form. Copy 7a through 7c here to use in the calculations.

	7a Medical cost. *If 0 on form, put 0 here*
	7b Medical threshold. If 0 on form, put *line 5 times correct % here*
	7c Medical allowance. *If 0 on form, put 0 here*
	8a Yearly cost for attendant and/or equipment to let a family member work. *If none, write 0 on line 8 of the form and skip the rest of the steps here*
▼	8b Deductible costs: 8a minus 7b. *If 7b is bigger put 0 and skip to 8e*
▼	8c Earnings in 3a of form, made possible by these costs
	8d Handicapped allowance: lower of 8b or 8c
	8e Corrected medical. If 8b is 0, put 8a + 7a - 7b here. *Otherwise copy 7a here*
	8f Adjustment: 8d + 8e - 7c. Copy to line 8 on form. (This is the total of the two allowances, 8d + 8e, minus the simplified medical allowance (7c) already taken, to avoid double-counting.)

For Housing Agency Use

Family Report
Please type or print clearly

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval Number 2577-0083 (expires 12/31/96)

Public reporting burden for this collection of information is estimated to average 0.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0083), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

Do not send this form to the above address.

Send the data to the electronic address required by HUD. **Questions?** Phone 1-800-FON-MTCS or 1-800-366-6827.

Each affected agency must submit information to assist HUD in managing and monitiring HUD-assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized by the U.S. Housing Act of 1937 (42U.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 (42U.S.C. 3601-19).

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

Refer also to the more detailed instruction package

Abbreviations:

▲ = to mark lines that will be compared and you will take the larger
t = to mark lines that will be compared and you will take the smaller
adj. = adjusted
AFDC = Aid to Families with Dependent Children
apt. = apartment
FmHA = Farmers' Home Administration
FMR = Fair Market Rent, set by HUD
FSS = Family Self-Sufficiency program
HA = Housing agency including public or Indian housing
HAP = Housing Assistance Payment
HUD = US Department of Housing and Urban Development
IGR = Independent Group Residence, with continual supportive services
italic = shows special instructions on this form, that are rarely used, or are an alternative (*If*) to the standard pattern
mmddyyyy = date, in numbers, like 12/14/1993
Mod Rehab= Moderate Rehabilitation
No. = number
OMB = US Office of Management and Budget
Redeterm. = redetermination
Sec. = a numbered section of a law or federal regulation, usually in the US Housing Act of 1937
SRO = Single Room Occupancy
SSI = Supplemental Security Income
SSN = Social Security Number
TIN = Taxpayer Identification Number, for businesses
TTP = Total Tenant Payment
unemp.ben = unemployment benefits

Major Definitions:

Disabilities -- Includes disabled and/or handicapped; in brief:

1. inability to engage in any substantial gainful activity because of physical or mental problem expected to last a year or cause death, or **2.** age 55+ and blind and therefore unable to work at the same activities as previously (volume 42 of the US Code at sec.423), or **3.** age 5+ and has mental or physical problem of indefinite duration, showing up before age 22, that limits 3 of 7 areas of life (listed in full instructions) and needs care, or **4.** age 5 or less and has problem highly likely to cause disability if untreated (volume 42 of the US Code at sec.6001(5)), or **5.** physical or mental problem lasting long and indefinitely, making independent living hard, but easier with suitable housing.

Effective date -- For new admissions and portability move-ins: effective date of lease. For reexaminations and interim redeterminations: date any rent change would take effect. For end of participation: see next entry.

End Participation or **Portability Move-out** -- Fill items 1a, 1, and 15h - l. Also fill out for head only: items 2b - d, 2h. This information is needed to remove tenant from HUD's active data base. Item 1 will show when the family stopped receiving any HUD subsidy or changed from Sec.8 to or from public and Indian housing, or used portability to move to the jurisdiction of another housing agency and the initial HA sent the family's records there.

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Head -- A family may pick as the head any adult in the household who is wholly or partly responsible for paying the rent. If someone in the household is 62+ or has disabilities, extra allowances are gained by picking this person or his or her spouse as the head. These deductions are on lines 7a-d.

New Admission -- First joining a housing agency's public or Indian housing program, or re-joining after an interruption of at least 1 month, OR first joining the Sec.8 program, or rejoining Sec.8 after an interruption of at least 4 months. Changes between Sec.8 certificates and vouchers do not count as new admissions, but changes to and from other Sec.8 programs do.

Other Subsidy -- (as used in 20f - k and 21b) Units which have another subsidy, not Sec.8, Public or Indian housing. These other subsidies include Sec.236, Sec.221(d)3 BMIR, Sec.202, Farmers Home Administration Sec.515.

Portability -- Involves a family who was issued a Sec.8 certificate or voucher by one housing agency and finds a unit in the jurisdiction of another, which handles housing inspections and payments. The term portability applies even if the receiving agency absorbs the cost.

Project No. -- In Sec.8 use the first 7 characters of the 11-character Sec.8 project number, like CA029CE. You may also use the first 8 characters of the old Sec. 8 project number format, like CA06E029. In public and Indian housing, you have the choice of using an 11-character number like CA06P029001, or 8 characters like CA029001. Management will tell staff what number applies to each project.

Mixed Family Proration Addendum

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval Number 2577-0083 (expires 12/31/96)

Head of Household's Last Name	First Name	Date of Birth	SSN	Effective Date of Action

Public Housing, Indian Rental & Turnkey III

	25a Total tenant payment (from line 14)
	25b Public/Indian housing maximum rent
	25c Family maximum subsidy: line 25b minus line 25a
	25d Maximum subsidy per member: line 25c ÷ item 2i
	25e Eligible subsidy: line 25d x (item 2i minus number of members IN)
	25f Prorated rent: line 25b minus line 25e

Section 8 Manufactured Home Owner Renting the Space

▼	27a FMR or exception rent
	27c Furniture included in purchase price? Y or N
	27d Monthly amortization payment
	27e Deduction: If 27c is "Y": 27d x 0.15. If "N" put 0.
	27f Adjusted amortization: 27d minus 27e
	27g Utility allowance, if any
▼	27h Rent to owner (space rent)
	27i Gross rent: 27f plus 27g plus 27h
	27j Total tenant payment: copy from line 14. *If Voucher, copy from line 11.*
▼	27k Gross rent minus TTP: 27i minus 27j
▼	27kk (Voucher Only) Rent to owner minus minimum family contribution: 27h minus line 12
	27n Normal total HAP: *If* regular Certificate, lower of 27h or 27k; *if* Voucher, lowest of 27a, 27k, or 27kk; *if* Over-FMR tenancy, lowest of 27a, 27h, or 27k
	27o Proration fraction: number of members not IN ÷ item 2i
	27l Prorated HAP: 27n x 27o
	27m Mixed family share of rent to owner: 27h minus 27l

Section 8 (except manufactured home space)

	All Programs
	26a Enter letter for program under which family is assisted: C = Certificate O = Over-FMR certificate tenancy V = Voucher M = Mod Rehab
	26b (Mod Rehab Only) Current base rent
	26c (Mod Rehab Only) Rehabilitation debt service
	26d Rent to owner. If Mod Rehab, 26b plus 26c
	26e Utility allowance, if any
	26f Gross rent: 26d plus 26e
	26g Total tenant payment: copy from line 14. Go to 26n, 26o, or 26r
	Certificate (regular tenancy) or Mod Rehab Only
	26n FMR or exception rent, fill if: **Move** (20b = Y) or **New** admission (15h = 1). *Skip if Mod Rehab.*
	26h Normal total HAP: 26f minus 26g. Go to 26i
	Over-FMR Certificate Tenancy Only
	26o FMR or exception rent
▼	26p Maximum HAP: 26o minus 26g
	26q Alternate HAP: 26f minus 26g
	26h Normal total HAP: lower of 26p or 26q(▼). Go to 26i
	Voucher Only
	26r Voucher payment standard. *In Sec. 236 & FmHA Sec. 515, do not exceed basic rent plus utility allowance*
	26s Rent on Adj. Income: copy from line 11
▼	26t Maximum HAP: 26r minus 26s
	26u Minimum family contribution: higher of 12 or 13b
▼	26v Alternate HAP: 26f minus 26u
	26h Normal total HAP: lower of 26t or 26v(▼). Go to 26i
	All Programs
	26i Proration fraction: number of members not IN ÷ item 2i
	26j Prorated HAP: 26h x 26i
○	26k Mixed family share of rent to owner: 26d minus 26j. *If 26j is bigger than 26d, mark circle, write difference, and credit the tenant.*
	26l Reserved
	26m HAP to owner: 26d minus 26k. *If circle is marked, copy 26d*

DRAFT

Family Self-Sufficiency Addendum

to form HUD-50058

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0184 (exp. 6/30/96)

Head of Household's Last Name:	First Name:	Date of Birth (mmddyyyy)	Social Security Number	Effective Date of Action:(mmddyyyy)

Section I. FSS Report Category (check one)

- ☐ FSS Enrollment Report
- ☐ FSS Progress Report
- ☐ FSS Exit Report

Section II. Family Information

1. Answer this question only if this is an FSS Enrollment Report. Did the Family receive an FSS selection preference because of related service program participation?
   - ☐ Yes If "Yes," which program? → ☐ JOBS ☐ JTPA ☐ Other
   - ☐ No

2. Current Employment Status of Head of Household:
   - ☐ Employed: ☐ Full Time (35 hours per week or more) ☐ Part-time (less than 35 hours per week)

   Check the box if the head of household is employed at the time this FSS Addendum is being completed. Otherwise leave blank.

3. Years of School Completed by the Head of Household (0-16):
   - ☐ Years of School Completed by Head of Household. Enter the highest grade of education or years of formal schooling the head of household completed.

4. Does the Family Receive:
   - Food Stamps? ☐ Yes ☐ No
   - Medicaid? ☐ Yes ☐ No
   - (Note that a household that no longer receives welfare such as AFDC or SSI may receive Medicaid coverage for one year.)

5. Is the Family currently receiving services from:
   - JOBS? ☐ Yes ☐ No
   - JTPA? ☐ Yes ☐ No
   - JOBS and JTPA are defined under the instructions for Section II, line 1, above.

Section III. FSS Services

1. Initial Start & End Dates of Contract of Participation: (mm/yyyy)
   ☐ to ☐

2. Contract Date Extended to: (mm/yyyy)
   ☐ (If applicable)

3. No. of Family Members with Individual Training & Services Plan
   ☐ Adult family members, including the head of household, with Individual Training and Services Plans included as exhibits to the FSS Contract of Participation. This is the maximum number that may be entered in any box of the family services table in Section III, line 4. (with the exception of Child Care).

4. Family Services Table: Enter the number of adult participating family members in the appropriate columns
   - (a) Enter the number of family members with an Individual Training & Services Plan who ***need*** the service;
   - (b) Enter the number of family members with an Individual Training & Services Plan who ***received*** the service since the last report;
   - (c) Enter the number of family members with an Individual Training & Services Plan who have successfully ***completed*** education/training.

Services	Number of Household FSS Participants: (a) Contract Identified Service Needs	(b) Service Provided Since Last Report	(c) Education/ Training Completed
Education/Training			
Remedial			
High School/GED			
Post Secondary			
Vocational/Job Training			
Job Search/Job Placement			
Transportation			
Health Services			
Counseling			
Alcohol/Substance Abuse			
Personal and Parenting Skills			
Household Mgmt. & Budget Skills			
Homeownership Counseling			
Child Care (Record number of children)			

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Section IV. FSS Account Information

1.	Current FSS Account Monthly Credit	$
2.	Current FSS Account Balance	$
3.	FSS Account Amount Disbursed to the Family	$

Section V. Exit Information (Complete only for FSS Exit Report)

Reason for Exit:

- ☐ Completed Contract of Participation
- ☐ Left the HA's FSS Program without Completion
  - ☐ Left Voluntarily
  - ☐ Asked to Leave Program
  - ☐ Left because Essential Service was Unavailable
  - ☐ Contract Expired but Family did not Fulfill Obligations

Previous editions are obsolete

form **HUD-50058-FSS** (08/28/96)
ref. Handbooks 7420.8 & 7465.3

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0184), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

Do not send this form to the above address.

Each affected agency must submit information to assist HUD in managing and monitiring HUD-assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized by the U.S. Housing Act of 1937 (42U.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 (42U.S.C. 3601-19).

Sensitive Information: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

Instructions for form HUD-50058-FSS, Family Self-Sufficiency (FSS) Addendum to form-HUD-50058

For more detailed information, see HUD Handbooks 7420.8 and 7465.3.

Complete the FSS Addendum (form HUD-50058-FSS) each time the HUD-50058 is completed for a family participating in the FSS program. Always submit the FSS Addendum with the form HUD-50058.

Section 8 Portability. *When a Section 8 FSS participant moves under portability, the* ***receiving*** *HA must complete and submit form HUD-50058-FSS (obtaining information from the initial HA as necessary).*

Enter the effective date of the action as shown on line 1 of the HUD-50058.

Section I: FSS Report Category

There are three different report categories for the FSS Addendum: Enrollment, Progress and Exit. Check one and only one of the boxes to indicate the report category:

FSS Enrollment Report. Check "Enrollment Report" when the family is initially enrolled in the HA's FSS program and the Contract of Participation is first signed. Enrollment in the FSS program may occur when the transaction type reported on line 15h of the HUD-50058 is

2 (Reexamination),
3 (Interim redetermination),
4 (Portability Move-in), or
7 (Other change of unit).

The HA must conduct a reexamination or interim redetermination of income for a family newly selected for the FSS program if the effective date of the Contract of Participation will be more than 120 days after the family's last reexamination or interim redetermination was effective. *If a reexamination or interim redetermination is not required because one has occurred within 120 days before the effective date of the Contract of Participation, wait to report the family's FSS enrollment until the next time a HUD-50058 is required and submitted for the family.*

For the Enrollment Report, complete Sections I, II, and III of the HUD-50058-FSS. For Section III, line 4, Family Services Table, complete only column (a), Contract Identified Service Needs, based on the services identified in the Individual Training & Services Plan(s) in the Contract of Participation.

FSS Progress Report. Check "Progress Report" each time the FSS Addendum is completed for the FSS family other than when the family enrolls in or exits the FSS program. FSS Progress Report will generally be checked when the Transaction type reported on line 15h of the HUD-50058 is

2 (Reexamination),
3 (Interim redetermination), or
7 (Other change of unit).

For the FSS Progress Report, complete Sections I, II, III, and IV of the HUD-50058-FSS.

FSS Exit Report. Check "Exit Report" when the participating family has completed its obligations under the FSS Contract of Participation or has left the HA's FSS program for any other reason. *If a family exits the FSS program at a time other than one of the seven transaction types shown on line 15h of the HUD-50058, report the family's FSS exit the next time a HUD-50058 is required and submitted for the family.*

For the Exit Report, all sections of the HUD-50058-FSS must be completed. This is the only time that Section V, Exit Information, is completed.

Section II: Family Information

1. Selection Preference for FSS because of Related Service Program Participation. (Required only for FSS Enrollment Report)

Check "Yes" if the family was selected to participate in the FSS program because of its participation in, or being on the waiting list for, an FSS related service program (e.g., JOBS or JTPA). Otherwise check "No."

If "Yes" is checked, indicate the FSS-related service program(s) for which preference was given:

JOBS means Job Opportunities and Basic Skills Program (authorized by part F of title IV of the Social Security Act) that provides education, training, and employment assistance as well as child care and other supportive services to enable AFDC recipients to avoid long-term welfare dependency. At the state-level it is known by a variety of names, including Project Independence, GAIN, REACH, FIP, and ET Choices.

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JTPA means Job Training Partnership Act (a program administered by the Department of Labor) for youth and unskilled adults who are unprepared to enter the labor force, those who are economically disadvantaged, and individuals with serious barriers to employment who need training to obtain productive employment.

Other means other service programs related to FSS.

Section III: FSS Services.

1. Initial Start and End Dates of Contract of Participation. Enter the effective date and expiration date of the family's FSS Contract of Participation when the family ***initially*** enrolled in the FSS program using the mm/yyyy format. The contract term will be for a period of 5 years.

2. Contract Date Extended to: If the family's FSS Contract of Participation has been extended beyond the initial end date entered at enrollment, enter the new end date for the contract using the mm/yyyy format. Otherwise leave blank.

4. Family Services Table. The table includes a listing of 12 different services and blank columns to be completed to show whether the services are needed by, provided to, and completed by the FSS participants. The Individual Training and Services Plan(s) in the family's Contract of Participation provides the information to be entered in this table.

Column (a) Contract Identified Service Needs. For the FSS Enrollment Report, enter the number of participating adult household members who need each service shown, except Child Care. For Child Care, enter the number of children needing that service.

For FSS Progress Reports and the FSS Exit Report, the information for column (a) may be copied from the family's previous FSS Addendum unless the Contract of Participation has been amended to reflect new service needs for the FSS participants.

Leave column (a) blank if no need for the service has been identified.

Column (b) Service Provided since Last Report. Indicate the number of participating adult household members who received each service shown, except Child Care, for the period since the last HUD-50058 was submitted. For Child Care, enter the number of children who received that service since the last HUD-50058 was submitted. Leave column (b) blank if the service was not provided to the FSS family since submission of the last HUD-50058.

Column (b) applies to the period from the date of the last HUD-50058 submission to the date of the current report. Any activity during that period should be reported -- whether that service was newly begun or was ongoing from an earlier period. Services provided for any duration within this time period should be reported; they need not have been provided for the entire period.

Column (c) Education/Training Completed. Column (c) pertains only to education/training services. Enter the number of participating adult family members who have successfully completed each service. Leave column (c) blank if the service has not been completed by any participating family member. The completion of education and training goals during any time period (not just the current reporting period) should be noted in column (c).

Section IV: FSS Account Information

1. Current FSS Account Monthly Credit. Enter the amount currently being credited to the family's FSS account due to increases in earned income by the family. Record the amount in whole dollars. Do not show cents or dollar signs. Round the amount to the nearest dollar (up on dollar for amounts of 50 cents or more; drop the cents for amounts of 49 cents or less). If the family is not making contributions to an FSS account, enter a zero (0).

2. Current FSS Account Balance. Enter the current amount of the family's FSS account based on the most recent reporting of account funds. Include both the amounts paid in by the family and the prorated investment income credited to the account. As noted in 1, record the amount in whole dollars. If an FSS account has not yet been established for the family, enter a zero (0).

3. FSS Account Amount Disbursed to the Family. Enter the total cumulative amount, if any, disbursed to the family from its FSS Account. Enter only whole dollar amounts and do not show cents or dollar signs. If no funds were disbursed enter a zero (0).

Section V: Exit Information

Complete this section only for an FSS Exit Report, when the family has left the HA's FSS program.

Reason for Exit. There are two reasons for a family exiting the HA's FSS program: Completed Contract of Participation or Left the Program without Completion. Check one and only one of the boxes to indicate the reason for exit:

Completed Contract of Participation. Check when the family has fulfilled all its obligations under the contract during the contract term; or when 30 percent of the family's monthly adjusted income equals or exceeds the existing housing fair market rent for the unit size for which the family qualifies.

Left HA's FSS Program without Completion. Check when the family has left HA's FSS program before any of the conditions described above under ***Completed Contract*** has been met. If the family left the program without completion, also indicate whether the family left voluntarily, was asked to leave, left because services were unavailable, or did not fulfill its contract obligations before the contract expired:

Left Voluntarily means the contract was terminated through mutual consent of the family and the HA, or the family decided to withdraw.

Asked to Leave Program means the HA terminated the Contract of Participation because a family member failed to meet obligations required under the Contract of Participation, or because other family actions were inconsistent with the purpose of the FSS program.

Left because Essential Service was Unavailable means the HA declared the Contract of Participation null and void because a particular service deemed essential to a family's ability to become self-sufficient was unavailable.

Contract Expired but Family did not Fulfill Obligations means the term of the Contract of Participation expired but the family did not meet all of its contract obligations.

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