ACTION: Notice of charter renewal.

SUMMARY: The Secretary of Homeland Security has renewed the charter for the Towing Safety Advisory Committee (TSAC) for 2 years from July 1, 2003 until June 30, 2005. TSAC is a Federal advisory committee under 5 U.S.C. App.2 (Pub. L. 92–463, 86 Stat. 770, as amended). It advises the Secretary through the Coast Guard on matters relating to shallow-draft inland and coastal waterway navigation and towing safety.

ADDRESSES: You may request a copy of the charter by writing to Commandant (G–MSO–1), U.S. Coast Guard, 2100 Second Street SW., Washington, DC 20593–0001; by calling 202–267–0214; or by faxing 202–267–4570. This notice and the charter are available on the Internet at *http://dms.dot.gov.*

FOR FURTHER INFORMATION CONTACT: Mr. Gerald Miante, Assistant Executive Director of TSAC, telephone 202–267–0221, fax 202–267–4570, or e-mail *gmiante@comdt.uscg.mil.*

Dated: July 11, 2003.

Joseph J. Angelo,

Director of Standards, Marine Safety, Security & Environmental Protection.

[FR Doc. 03–17987 Filed 7–15–03; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. 4817–N–09]

Notice of Proposed Information Collection for Family Report, MTW Family Report, and Reporting Discrepancy in Tenant-Reported Cross Income for Public Comments

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

ACTION: Notice.

SUMMARY: The proposed information collection requirements described below will be submitted to the Office of Management and Budget (OMB) for review and approval, as required by the Paperwork Reduction Act. As a preliminary step, the Department, by this publication in the **Federal Register**, is soliciting public comments on the subject proposals.

DATES: Comments Due Date: September 15, 2003.

ADDRESSES: Interested persons are invited to submit comments regarding these proposals. Comments should refer to the proposals 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 4249, Washington, DC 20410–5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–0614, extension 4128, for copies of the proposed forms and other available documents. (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: At the end of the comment period, the Department will submit the proposed information collection notice to the Office of Management and Budget for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This notice will address three related proposals to improve Public and Indian Housing (PIH) tenant data collection and verification: (1) Approval of the revised Form, HUD–50058, (2) approval to extend the Form HUD–50058 MTW (6/2001), and (3) authorization to collect 3 data elements pertaining to verified benefit payments from the Social Security Administration and 6 data elements pertaining to verified wage and unemployment insurance payments. When integrated, these three collection tools will allow HUD to gather more complete and accurate tenant information with which to monitor program performance.

Background

(1) Form HUD–50058

The Department of Housing and Urban Development (HUD) intends to revise Form HUD–50058 in a manner that will require changes to the HUD Form, HUD–50058 Module in the Public and Indian Housing Information Center (PIC), but will not require changes in software systems of public housing agencies or vendors supporting public housing agencies. HUD will maintain the current information collection burden until the changes in HUD's PIC system have been completed. Therefore, HUD seeks comments on the proposed revisions to the Form HUD–50058 and on the proposal to extend the existing Form HUD–50058 (6/2001) until the revisions are fully implemented.

The Form HUD–50058 collects demographic and income data on residents participating in PIH's Public Housing, Section 8 Housing Choice Voucher, Section 8 Project Based Certificates, and Section 8 Moderate Rehabilitation programs. Public housing agencies will transmit the form electronically to HUD at least annually for each household.

The Department updated the currently approved Form HUD–50058 by removing obsolete and unnecessary data fields. These deletions will not require vendors to modify their software for reporting family data to the Public and Indian Housing Information Center (PIC)—the information system that collects electronic Form HUD–50058 data. Public housing agencies should not modify their software to reflect the deletions, but they are no longer required to send data in the fields that HUD has deleted. If public housing agencies submit data for the deleted fields using the file structure of the current form (Form HUD–50058 (6/2001)), the PIC system will ignore the data.

HUD conducted a two-day industry consultation session with public housing agencies (PHA), trade organizations, vendors, and other interested parties in November 2002 to collect suggestions to improve the Form HUD–50058 and the reporting rate by public housing agencies to the Form 50058 Module in the Public and Indian Housing Information Center. The Department reviewed all of the suggestions gathered at the consultation session and incorporated them where possible into the revised Form HUD–50058, resulting in modest changes to the form, none of which require changes to vendor software. HUD continues to work collaboratively with the user community to produce an improved Form HUD–50058 that meets the needs of HUD, public housing agencies, and other users.

(2) Form HUD–50058 MTW

HUD seeks comments on the proposal to extend the existing Form HUD–50058 MTW (6/2001). The Form HUD–50058 MTW collects demographic and income data on residents participating in PIH's Public Housing, Section 8 Housing Choice Voucher, Section 8 Project Based Certificates, and Section 8 Moderate Rehabilitation programs and whose public housing agencies participate in the Moving-to-Work (MTW) program. MTW–PHA (*i.e.,* public housing agencies participating in the Moving-to-Work demonstration program) will transmit the form electronically to HUD at least annually for each household.

Form HUD–50058 MTW addresses the particular reporting requirements and constraints for public housing agencies that participate in the Moving-to-Work (MTW) demonstration program mandated by Section 206 of the 1996 HUD Appropriations Act. This information collection effort supports MTW program monitoring and evaluation, as required by Congress.

MTW–PHA will use the Form HUD–50058 MTW to collect data on MTW-families only. MTW-families include families who participate in any component of the MTW program. This includes families who receive self-sufficiency support services but pay rent under conventional program rules. Non-MTW-families include families who reside in a MTW–PHA but do not participate in any component of the MTW program. MTW–PHA will continue to use the regular Form HUD–50058 for Non-MTW families.

Public housing agencies that currently participate in the MTW demonstration program are:

- Cambridge Housing Authority
- Chicago Housing Authority
- Delaware State Housing Authority
- Greene Metropolitan Housing Authority
- Housing Authority of the City of High Point
- Keene Housing Authority
- Lawrence-Douglas Housing Authority
- Lincoln Housing Authority
- Housing Authority of Louisville
- Massachusetts Department of Housing and Community Development
- Minneapolis Public Housing Authority
- Housing Authority of the City of New Haven
- Philadelphia Housing Authority
- Housing Authority of the City of Pittsburgh
- Portage Metropolitan Housing Authority
- Housing Authority of Portland
- San Antonio Housing Authority
- San Diego Housing Commission
- Housing Authority of the County of San Mateo
- Seattle Housing Authority
- Housing Authority of the County of Tulare
- Housing Authority of the City of Vancouver

Additional public housing agencies may join the MTW program.

(3) Systems to Monitor Reductions in Subsidy Payment Errors

In response to a Presidential Management Initiative, HUD has established the Annual Performance Plan goal to reduce subsidy payment errors by 15% in 2003, 30% by 2004, and 50% by 2005. In support of this goal, the Real Estate Assessment Center (REAC) implemented an income verification component in the Tenant Assessment Sub-System (TASS), which assists public housing agencies (PHA) in the detection and prevention of program abuses. TASS performs this function by providing over the Internet the ability for public housing agencies to verify income from Social Security (SS) and Supplemental Security Income (SSI) reported on the Form HUD–50058.

Program Administrators of HUD's rental assistance programs need SS and SSI information to determine the amount of rental assistance that tenants are entitled to received. Currently, TASS uses an automated matching process to compare tenants' SS and SSI benefits from the Social Security Administration's (SSA) database to SS and SSI benefits reported to HUD by public housing agencies on the Form HUD–50058. This process runs every month and generates two online reports: the Monthly Benefit History, which contains a list of all tenants to be re-certified, and the Income Discrepancy, which identifies tenants with discrepancies in SS and SSI benefit payments.

While the current process delivers great value by providing timely information that may be used to detect and prevent program abuse, TASS does not now gather information necessary to measure the amount of benefits incorrectly reported to the PHA. The information collection covered by this request will correct this deficiency.

HUD will also soon implement a complementary system to provide public housing agencies with an on-line source of a thirty-party-verified wage and unemployment benefit payments. Public housing agencies can use the information to verify tenant-supplied income-related information at the time of annual and interim re-examinations and to more accurately calculate the amount of rental assistance that tenants are entitled to receive. This will improve the accuracy of data reported to HUD on the Form HUD–50058.

The new system will also allow HUD to gather information necessary to measure the amount of tenants' gross wage and unemployment benefit payments that are incorrectly reported to public housing agencies. HUD can use the data, combined with that collected through TASS, to generate statistics to measure progress towards the Annual Performance Plan (APP) goal to reduce both the number of errors and the estimated net annual subsidy overpayment by 50% over the next three years.

Highlight of the Changes

(1) Form HUD–50058

The revised Form HUD–50058 reflects the initiative to remove obsolete and unnecessary lines from the form. The revised Form HUD–50058 contains 27% fewer lines and three fewer pages. The items removed from the existing Form HUD–50058 include section 14 (Manufactured Home Owner Renting the Space) and section 16 (Indian Mutual Help). Some Welfare to Work (WtW) elements of section 17 (Family Self-Sufficiency (FSS)/Welfare to Work (WtW) Voucher Addendum), space for five family members in Section 3 (Household), reserved field, and references to Indian Housing and Pre-merger (Certificates and Vouchers were also removed. HUD also removed lines numbered and labeled as follows: (2e)—''Date correction transmitted'', (2f)—''Repayment agreement?'', (2g)—''Monthly amount of repayment'', (2n)—''Other special programs: Number 03'', (2n)—''Other special programs: Number 04'', (2n))—''Other special programs: Number 05'', (2p)—''Use if instructed by HUD'', (3s)—Continued on an additional sheet?'', and (8u)—''Total annual travel cost to work/school (Indian Housing only)''.

(2) Form HUD–50058 MTW

The Department did not make any change to the current version of the Form HUD–50058 MTW (6/2001). As many MTW–PHA have already modified their software to meet the requirements of the existing Form HUD–50058 MTW (6/2001), and because the MTW–PHA will be required in the future to modified their software to accommodate the revised Form HUD–50058 when they transition out of the MTW program, the Department will not require the public housing agencies to revise their MTW–software at this time.

(3) Systems to Monitor Reductions in Subsidy Payment Errors

This notice also covers the collection of 9 additional data elements that will allow HUD to monitor and report progress towards the Annual Performance Plan goal to reduce program abuses. First, HUD will collect 3 data elements to measure the amount of Social Security (SS) and Supplemental Security Income (SSI) benefits that are incorrectly reported to public housing agencies. According to the proposed change, during the annual recertification meeting, public housing agencies will access the TASS reports to verify the SSA benefits amount. Once the amount of benefits is verified, users will be requested to enter information into two fields to report: the ''Amount initially reported by family'' and the ''Verified monthly benefit amount''. If there is a discrepancy, the user will be requested to select a code from a drop-down list to explain the reason for the discrepancy: ''SSA Error'', ''Tenant Error-Tenant Agrees with SSA Info'', or

''Tenant Error''. HUD will use this data to accurately measure and report the quantity of SS and SSI-related program abuse errors and the reasons for such discrepancies.

Second, HUD proposes to collect 6 additional data elements through a complementary system to measure the amount of gross wages and unemployment benefits that are incorrectly reported to public housing agencies. During re-certifications, public housing agencies will access state wage and unemployment benefit data in the system to verify the tenant-reported income amounts. Once the income is verified, users will enter information in four fields of the software system to report: The ''Gross wage amount initially reported by family'', the ''Verified monthly gross wage amount'', the ''Unemployment benefit amount initially reported by family'', and the ''Verified monthly unemployment benefit amount''. If there are discrepancies between the reported amounts and the verified amounts, the user will select a code from one or two drop-down lists to explain the reason for the discrepancy. The codes are ''State Error'', ''Tenant Error—Tenant Agrees with State Info'', or ''Tenant Error''. This data will be used to accurately measure and report the quantity of wage-related program errors and the reasons for such discrepancies. Together, the collection of these 9 data elements will permit HUD to monitor and report progress towards the Annual Performance Plan goal to reduce program abuses by 50% over the next three years.

This Notice also lists the following information:

Title of Proposal: Family Report, MTW Family Report, Reporting Discrepancy in Tenant-Reported Gross Income.

OMB Control Number(s): 2577–0083, 2577–0083 MTW.

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), Section 214 of the Housing and Community Development Act of 1980, and Section 206 of the 1996 HUD Appropriations Act. The information collected through the Form HUD–50058 and the Form HUD–50058 MTW will be used to monitor and evaluate Office of Public and Indian Housing programs including the Public Housing, Section 8 Housing Choice Voucher, Section 8 Project Based Certificate, Section 8 Moderate Rehabilitation, and Moving-to-Work programs. The information collected through the systems to monitor reductions in subsidy payment errors will be used to monitor and report progress towards the Department's Annual Performance Plan goal to reduce subsidy payment errors by 15% in 2003, 30% by 2004, and the Presidential Management goal of reducing such errors by 50% by 2005.

Members of public affected: Public housing agencies, State and local governments, individuals and 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: Initially, public housing agencies will need one half hour to input the data into each Form HUD–50058 or Form HUD–50058 MTW. After a one-year period, average input time should be reduced to 15 minutes per form. The reduction in time will be achieved by the pre-entering of information on the form that remains unchanged from the previous re-examination (*i.e.* tenant's name, tenant's date of birth, *etc.*). Public housing agencies that administer the Family Self Sufficiency (FSS) program will require an additional 15 minutes per form for completion of the information. Also, public housing agencies will need 1 minute to enter the SS and SSI information, and 1 minute to enter the gross wage and unemployment benefit information into payment subsidy monitoring systems.

ESTIMATED BURDEN HOURS OF THE PROPOSED INFORMATION COLLECTION

Information collection	Number of respondents	Responses per respondent	Total annual responses	Minutes per response	Total hours	Regulatory reference
HUD–50058	4,500	1,000	4,500,000	30	2,250,000	908.101, 960, 982, 984.
HUD–50058 MTW	22	9,008	198,176	30	99,088	908.101, 960, 982, 984.
Collections for Monitoring Reductions in Subsidy Payment Errors.	4,522	1,106	5,000,000	1	83,333	5.234, 5 Subpart F 68 FR 23753.

Projected One-Year Period: Hours per response will be reduced to 0.25 for total burden hours of 1,125,000 for the Form HUD–50058 and 49,544 for the Form HUD–50058 MTW.

Status of the proposed information collection: Extension of a currently approved collection—Form HUD–50058 MTW; extension and revision of currently approved collection—Form HUD–50058; and new collection for monitoring reductions in subsidy payment errors.

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

Dated: June 26, 2003.

Michael Liu,

Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

OMB Approval Number XXXX-XXXX (expires XX/XX/XXXX)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Family Report

Form HUD-50058, Family Report, applies to Public Housing and Section 8 programs.

Additional instructions are contained in the Form HUD-50058 Instruction Booklet. Copies of the Instruction Booklet can be found on the PIC Web Site at http://www.hud.gov/offices/pih/systems/pic/50058/pubs/

Previous editions are obsolete

Form HUD-50058 (XX/2003)

Public reporting burden for this collection of information is estimated to average 30 minutes per response in the first year and 15 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.

Send the Form HUD-50058 data to the electronic address provided by HUD. Questions? Contact the PIC Help Hotline at 1-800-366-6827 or go to the PIC Web Site at: http://www.hud.gov/pih/systems/pic/index.cfm.

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. 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, 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 (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).

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
HOPE = Homeownership and Opportunity for People Everywhere
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 each field on the Form):

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 Section 8 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

Office of Public and Indian Housing

OMB Approval Number XXXX-XXXX

1. Agency

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

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 ☐ PHA correction of family income ☐ Family correction (non-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: (Section 8 only) (check only one) ☐ Enhanced Voucher ☐ Welfare to Work Voucher	2m.
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.

2a. Type of action codes		
1 = New Admission	6 = End Participation	11 = Expiration of Voucher
2 = Annual Reexamination	7 = Other Change of Unit	12 = Flat Rent Annual Update (PH only)
3 = Interim Reexamination	8 = FSS/WtW Addendum Only	13 = Annual HQS Inspection Only (S8 only)
4 = Portability Move-in (VO only)	9 = Annual Reexamination Searching (VO only)	14 = Historical Adjustment
5 = Portability Move-out (VO only)	10 = Issuance of Voucher	15 = Void

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, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates.
Line 1d:	Public Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number, 3-digit development number, and 3-digit suffix (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.
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 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:	Section 8 only. Indicate if the family receives an Enhanced Voucher or a Welfare to Work 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.
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.

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

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?	
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?	
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?	
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?	
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?	
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?	
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?	

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 N = 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 5 = n/a **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:	Indicate 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:	Indicate the first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate 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 (M= Male, F= Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at 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:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use 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, PHA cannot transmit the family's Form HUD-50058 until there is system functionality to do so. If a member who is not the head does not have a SSN, enter 999999999.
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. Use code at bottom of 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.
Note:	Use '5' until the community service requirement comes into effect for your particular PHA.
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:	Code 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).

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

4. Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Does family qualify for admission over the very low-income limit? (Section 8 only) (Y or N)	4d.
4e. Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f. Is there a HUD approved income targeting disregard? (Y or N)	4f.

5. Unit to be Occupied on Effective Date of Action

5a. Unit address

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)	5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)	5i.
5j. Year (yyyy) unit was built (Section 8 only)	5j.

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

☐ 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:	Section 8 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.
Line 4f:	Welfare to Work families only. Indicate if the family is disregarded for income targeting under a HUD approved disrogard of a portion of welfare to work families.
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 indicated 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. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Section 8 only, except Homeownership. The last date a PHA inspector performed a full annual 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. Indicate the year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. Indicate the building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.

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

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)					0. _____ 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.
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, 6g:	Total of the values listed in column 6d.
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 7i:	The family's total annual income. Add the final asset income (line 6j) and the total income after income exclusions (line 7g).

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

8. Expected Income Per Year

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.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t	$	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 indicated 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 8x:	The total amount of all of the family's allowances. Enter the sum of lines 8e, 8n, 8p, 8s, and 8t.
Line 8y:	The family's adjusted annual income. Subtract total allowances (line 8x) from total annual income (line 8a).
Note:	If 8x is larger, put 0.

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

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 Section 8		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:	If the family receives welfare assistance, indicate the amount the welfare assistance agency specifically designates for shelter and utilities. 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). Indicate 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.

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

10. Public Housing and Turnkey III

10a. TTP: copy from 9j		$	10a.
10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)		$	10b.

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

10c. Income based ceiling rent, if any		$	10c.
10d. Lower of TTP or income based ceiling rent (if no income based ceiling 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

10:	Public Housing
Note:	Complete if the family's program type is Public Housing (line 1c= P) and family participates in Public Housing or Turnkey III, 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:	Indicate the flat rent dollar amount.
Note:	Flat rent is set by the unit size and building.
Note:	If a PHA uses the income based ceiling rent amount for flat rent, input the income based ceiling rent amount in this line.
Note:	See the Instruction Booklet for the prorated flat rent calculation.
Line 10c:	The highest rent amount the PHA will require a family to pay for a particular unit size.
Note:	If no income based ceiling rent, enter 0.
Line 10d:	Indicate the lesser amount of either the total tenant payment (TTP) (line 10a) or income based ceiling rent (line 10c).
Note:	If there is no income based ceiling rent, enter the TTP (line 10a).
Line 10e:	If the payment does not include all utilities, indicate 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:	Indicate 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:	Indicate 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, indicate 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 or a flat rent.

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

11. Section 8: Project Based Certificates and Vouchers

11a. Number of bedrooms in unit		11a.
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.

Prorated Rent Calculation

11aa. Normal total HAP: 11n minus 11q (skip to 11ae)		$	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.

11:	Section 8: Project Based Certificates and Vouchers
Note:	Complete if the family's program type is Certificates (1c= CE) for Project Based Certificates or Vouchers (1c= VO) for Project Based Vouchers 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 11a:	Unit size (number of bedrooms).
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.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
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, indicate 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. Indicate the lower amount of the contract rent to owner (line 11k) or total HAP (line 11r).
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).

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

12. Section 8: Vouchers

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

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.

12:	Section 8: Vouchers
Note:	Complete if program type is Tenant Based Voucher (1c= VO) 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 initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 12g:	Check the housing type that applies to the family's housing unit.
Line 12h:	The Section 8 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, indicate 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. Indicate 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 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:	Indicate 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, indicate 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).

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

13. Section 8: Moderate Rehabilitation (Mod Rehab)

13a. HAP contract number ___ ___ - ___ ___ ___ - ___ R ___ ___ ___ - ___ ___ ___ ___			13a.
13b. Mod Rehab SRO Program for homeless? (Y or N)			13b.
13c. Mod Rehab SRO unit (not homeless program)? (Y or N)			13c.
13d. Owner name			13d.
13e. Owner TIN/SSN			13e.
13f. Current base rent		$	13f.
13g. Rehabilitation debt service		$	13g.
13h. Contract rent to owner: 13f + 13g		$	13h.
13i. Utility allowance, if any		$	13i.
13j. TTP: copy from 9j		$	13j.

Rent Calculation (if prorated, skip to 13p)

13k. Tenant rent: 13j minus 13i (if 13j is greater than 13h + 13i, put 13h)	If positive or 0, put tenant rent	$	13k.
	If negative, credit tenant	$	13k.
13m. HAP to owner: 13h minus 13k (if 13k is negative, put 13h)		$	13m.

Prorated Rent Calculation

13p. Gross rent: 13h + 13i		$	13p.
13q. Normal total HAP: 13p minus 13j		$	13q.
13r. Total number eligible			13r.
13s. Total number in family			13s.
13t. Proration percentage: 13r ÷ 13s			13t.
13u. Prorated total HAP: 13q X 13t		$	13u.
13v. Mixed family TTP: 13p minus 13u		$	13v.
13w. Utility allowance: copy from 13i		$	13w.
13x. Mixed family tenant rent: 13v minus 13w	If positive or 0, put tenant rent	$	13x.
	If negative, credit tenant	$	13x.
13z. Prorated HAP to owner: 13h minus 13x (if 13x is negative, put 13h)		$	13z.

13:	Section 8: Moderate Rehabilitation (Mod Rehab)
Note:	Complete if program type is Moderate Rehabilitation (1c= MR) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), or Other Change of Unit (2a= 7).
Line 13a:	The housing assistance payment (HAP) contract number. Include the sequence number for each HAP contract. Note: The HAP contract sequence number identifies the particular HAP contract as under the project (funding increment).
Line 13b:	Indicate whether the family's unit is in a Single-Room Occupancy (SRO) project under the SRO Program for Homeless Individuals.
Line 13c:	Indicate whether the family's unit is a Single-Room Occupancy (SRO) unit, but not under the SRO Program for Homeless Individuals.
Line 13d:	The Section 8 unit owner's legal name.
Line 13e:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 13f:	The current base rent for the unit that reflects the most recent rent adjustment.
Line 13g:	The owner's current monthly rehabilitation debt service payments for the unit.
Line 13h:	The monthly rent amount paid to the Mod Rehab unit owner as specified in the housing assistance payment (HAP) contract. Add the current base rent (line 13f) to any monthly rehabilitation debt service (line 13g).
Line 13i:	If the payment does not include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 13j:	The total tenant payment (TTP). Copy from 9j.
Line 13k:	The rent amount the family pays to the owner after deducting the utility allowance (line 13i) from the total tenant payment (TTP) (line 13j); or the total credit amount the family receives to pay for utilities.
Line 13m:	The amount of the housing assistance payment (HAP) to the unit owner. Subtract the tenant rent (line 13k) from the contract rent to owner (line 13h).
Note:	If the tenant rent (line 13k) is negative, enter the contract rent to owner (line 13h).
Line 13p:	The unit's total monthly rent amount. Add the contract rent to owner (line 13h) to the utility allowance (line 13i).
Line 13q:	The amount of the normal total housing assistance payment (HAP). Subtract total tenant payment (TTP) (line 13j) from the gross rent (line 13p).
Line 13r:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 13s:	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 13t:	Percentage of family eligible for rent subsidy. Divide the total number eligible (line 13r) by the total number in family (line 13s).
Line 13u:	The prorated housing assistance payment (HAP). Multiply the normal total HAP (line 13q) by the proration percentage (line 13t).
Line 13v:	Indicate the mixed family total tenant payment (TTP). Subtract the prorated total housing assistance payment (HAP) (line 13u) from the gross rent (line 13p).
Line 13w:	If the payment does not include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 13x:	The rent amount the family pays to the owner after deducting the utility allowance (line 13w) from the mixed family total tenant payment (TTP) (line 13v); or the total credit amount the family receives to pay for utilities.
Line 13z:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 13x) from the contract rent to owner (line 13h).

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

15. Section 8: Homeownership

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:	Section 8: Homeownership
Note:	Complete if program type is Homeownership (line 1c= VO) 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 initial PHA s identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
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:	Indicate 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).

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

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

17a. Participate in special programs? (check all that apply) ☐ FSS ☐ Welfare to Work Voucher

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. WtW report category (check no more than one) ☐ Enrollment ☐ Progress ☐ Exit

17f. WtW effective date (mm/dd/yyyy) of action — 17f.

17g. (1) PHA code of PHA that issued the WtW Voucher — 17g(1).

(2) PHA code of PHA counting the family as enrolled in its WtW Voucher program (if different from 17g(1)) — 17g(2).

17h. General information

(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time addendum completed.

☐ Full-time (32 hours per week or more) ☐ Part-time ☐ Not employed

(2) Date (mm/dd/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. Family services table (optional for WtW Voucher)

	(1) Need (Y or N)	(2) Need Met During 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)/ Welfare to Work (WtW) Voucher Addendum
Note:	Complete this section if the family participates in the Family Self-Sufficiency or Welfare to Work Programs.
Line 17a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program, a Welfare to Work (WtW) Voucher 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, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 17e:	Check one category to indicate the purpose of the WtW Addendum.
Line 17f:	The effective date of the WtW action.
Line 17g(1):	The PHA code associated with the PHA that issued the WtW Voucher. For unknown issuing PHAs, enter own PHA code.
Line 17g(2):	The PHA code of the PHA counting the family as enrolled.
Note:	Only complete if this PHA code differs from 17g(1).
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):	Indicate 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.
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.

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

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)	17m(1).
(2) If (1) is Yes, did family move to homeownership? (Y or N)	17m(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

Welfare to Work Voucher Program

17n. WtW program information	
(1) Date (mm/dd/yyyy) Voucher issued (WtW enrollment report only)	17n(1).
(2) Date (mm/dd/yyyy) of request for lease approval (RFLA) for a unit leased	17n(2).
17q. Welfare to Work exit information (WtW exit report only)	
(1) Is the family moving to homeownership? (Y or N)	17q(1).

(2) Primary reason for leaving the WtW Voucher program:

☐ Portability move-out
☐ Family no longer needs subsidy
☐ Subsidy terminated for Section 8 program violation, other than WtW obligations
☐ Subsidy terminated for violation of WtW obligations
☐ Family voluntarily withdrew from Section 8 program
☐ Other

17:	Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher 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.
Line 17n(1):	The date the PHA issued the Welfare to Work Voucher.
Line 17n(2):	The date the family submitted a request for lease approval (RFLA) to the PHA.
Line 17q(1):	Indicate whether or not the family withdrew from the Section 8 WtW program to buy a home.
Line 17q(2):	Identify the reasons why the family is leaving the WtW program.

OMB Approval Number 2577-0083 (expires 9/30/2003)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

MTW Family Report

Form HUD-50058 MTW, Family Report, applies to Moving to Work Public Housing and Section 8 programs.

Additional instructions are contained in the Form HUD-50058 MTW Instruction Booklet.

Public reporting burden for this collection of information is estimated to average 30 minutes per response in the first year, and 15 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.

Send the data to the electronic address required by HUD. Questions? Phone 1-800-FON-MTCS (1-800-366-6827) or go to the MTCS Web Site at http://www.hud.gov/pih/systems/mtcs/pihmtcs.html.

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. 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 (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 by the Omnibus Consolidated Rescissions and Appropriations Act of 1996 (42 U.S.C. 1437f).

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

Acronyms

FSS = Family Self-Sufficiency program
HAP = Housing Assistance Payment
HQS = Housing Quality Standards
HUD = U.S. Department of Housing & Urban Development
INS = U.S. Immigration and Naturalization Services
OMB = U.S. Office of Management and Budget
PHA = Public Housing Agency
SSA = Social Security Administration
SSI = Supplemental Security Income
SSN = Social Security Number
TANF = Tenant Assistance for Needy Families
TIN = Taxpayer Identification Number
TTP = Total Tenant Payment
MTW = Moving to Work

Major Definitions (refer to the Form HUD-50058 MTW Instruction Booklet for a more detailed definition of each field on the Form):

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 Section 8 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. Reserved: HUD may have future directions about how to use these lines. Reserved lines are placeholders for future changes.
6. Calculation column is a scratch area where PHAs may perform manual calculations.
7. 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)

MTW Family Report

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

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

1. MTW Agency

1a. Agency name		1a.
1b. PHA code		1b.
1c. Program	P = Public Housing PR = Project-Based Assistance T = Tenant-Based Assistance	1c.
1d. Project number (Public Housing only)	Suffix:	1d.
1e. Building number (Public Housing only)		1e.
1f. Building entrance number (Public Housing only)		1f.
1g. Unit number (Public Housing only)		1g.

2. MTW Action

2a. Type of action **1** = New Admission **2** = Annual Reexamination **3** = Interim Reexamination **4** = Portability Move-in **5** = Portability Move-out **6** = End Participation **7** = Other Change of Unit **8** = FSS/MTW Self-Sufficiency Only **9** = Annual Reexamination Searching **10** = Issuance of Voucher Equivalent **11** = Expiration of Voucher Equivalent **12** = Reserved **13** = Annual HQS Inspection Only **14** = Historical Adjustment **15** = Void	2a.
2b. Effective date (mm/dd/yyyy) of action	2b.
2c. Correction? (Y or N)	2c.
2d. If correction: (check primary reason) ☐ Family income correction ☐ PHA income correction ☐ Family correction (non-income) ☐ PHA correction (non-income)	
2e. Date correction transmitted (mm/dd/yyyy)	2e.
2f. Repayment agreement? (Y or N)	2f.
2g. Monthly amount of repayment	$ 2g.
2h. Date (mm/dd/yyyy) of admission to program	2h.
2i. Projected effective date (mm/dd/yyyy) of next reexamination	2i.
2j. Date (mm/dd/yyyy) of admission to Moving to Work program	2k.
2k. FSS participation now or in last year? (Y or N)	2k.
2m. MTW self-sufficiency program participation now or in last year? (Y or N)	2m.
2n. Reserved	
2p. Use if instructed by HUD	2p.
2q. PHA use only	2q.
2r. PHA use only	2r.
2s. PHA use only	2s.
2t. PHA use only	2t.
2u. PHA use only	2u.

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

	Page Heading
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, enter the date the PHA representative fills out the Form or modifies any Form page.
1:	**MTW Agency**
Line 1a:	Name of the Public Housing Agency (PHA) that completes the family's Form HUD-50058 MTW.
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, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates.
Line 1d:	Public Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number, 3-digit project number, and 3-digit suffix (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.
2:	**MTW Action**
Line 2a:	Use the codes provided to report the family's type of action.
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 2e:	The actual date that the PHA completes the correction and transmits the corrected record.
Line 2f:	Indicate if the tenant has entered into a repayment agreement because the tenant previously underreported or misreported income.
Line 2g:	Per the repayment agreement, the amount the tenant pays each month.
Line 2h:	Date the PHA initially admitted the family into the regular (non-MTW) version of the program reported in line 1c.
Line 2i:	The projected effective date of the family's next reexamination.
Line 2j:	Date the PHA admitted the family to the Moving to Work program.
Line 2k:	Indicate if the family currently participates or participated in the Family Self-Sufficiency program in the past year.
Line 2m:	Indicate if the family currently participants or participated in an MTW self-sufficiency program in the past year.
Line 2n:	Reserved.
Line 2p:	HUD may instruct a particular PHA to use this line. If there are not instructions to use these lines, leave them blank.
Line 2q-2u:	PHAs may use these lines for any information they wish to collect.
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.

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

3. MTW 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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		**3q. Meeting community service requirement? (Public Housing only)**			
	3r. Total years of school (0-25)							
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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							

Codes:

3h. Relation:	**3i. Citizenship:**	**3k. Race:**	**3m. Ethnicity:**
H = head	EC = eligible citizen	1 = White	1 = Hispanic or Latino
S = spouse	EN = eligible noncitizen	2 = Black/African American	2 = Not Hispanic or Latino
K = co-head	IN = ineligible noncitizen	3 = American Indian/Alaska Native	
F = foster child/foster adult	PV = pending verification	4 = Asian	**3q. = Community Service**
Y = other youth under 18		5 = Native Hawaiian/Other Pacific Islander	1 = yes
E = full-time student 18+			2 = no
L = live-in aide			3 = pending
A = other adult			4 = exception
			5 = n/a

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

3:	**MTW 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:	Indicate 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:	Indicate the first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate 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 (M=Male, F=Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at 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:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use 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 family member does not know or have a SSN, enter 999-99-9999.
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 is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Use code at bottom of page to indicate whether the family member met his or her community service requirements under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Note:	Use '5' until the community service requirement comes into effect for your particular PHA.
Line 3r:	Enter the highest *grade* or the *full* years of formal schooling that the household member completed (0-25).
Note:	Years of schooling begin with 1st grade (do not count kindergarten or pre-school).
Line 3s:	Indicate whether additional household member information is included on an additional sheet of paper as an attachment to the Form.

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

3a. Member number	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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
3a. Member number	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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
3a. Member number	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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
3a. Member number	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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							
3a. Member number	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/N)	3k. Race	=1 =2 =3 =4 =5		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)			
	3r. Total years of school (0-25)							

Codes:

3h. Relation:	**3i. Citizenship:**	**3k. Race:**	**3m. Ethnicity:**
H = head	EC = eligible citizen	1 = White	1 = Hispanic or Latino
S = spouse	EN = eligible noncitizen	2 = Black/African American	2 = Not Hispanic or Latino
K = co-head	IN = ineligible noncitizen	3 = American Indian/Alaska Native	
F = foster child/foster adult	PV = pending verification	4 = Asian	**3q. = Community Service**
Y = other youth under 18		5 = Native Hawaiian/Other Pacific Islander	1 = yes
E = full-time student 18+			2 = no
L = live-in aide			3 = pending
A = other adult			4 = exception
			5 = n/a

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

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

3:	**MTW 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:	Indicate 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:	Indicate the first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate 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 (M=Male, F=Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at 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:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use 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 family member does not know or have a SSN, enter 999-99-9999.
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 is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Use code at bottom of page to indicate whether the family member met his or her community service requirements under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Note:	Use '5' until the community service requirement comes into effect for your particular PHA.
Line 3r:	Enter the highest *grade* or the *full* years of formal schooling that the household member completed (0-25).
Note:	Years of schooling begin with 1st grade (do not count kindergarten or pre-school).
Line 3s:	Indicate whether additional household member information is included on an additional sheet of paper as an attachment to the Form.

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

3t. Total number in household	3t.
3u. Family subsidy status under noncitizen rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of status P = Prorated assistance	3u.
3v. Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u = C)	3v.
3w. If new head of household, former head of household's SSN	3w.

4. MTW Family 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. Reserved	
4e. Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f. Reserved	

5. MTW 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 (Tenant-Based or Project-Based Assistance only, except Homeownership)			5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Tenant-Based or Project-Based Assistance only, except Homeownership)			5i.
5j. Year (yyyy) unit was built (Tenant-Based or Project-Based Assistance only)			5j.
5k. Structure type (check only one) (Tenant-Based or Project-Based Assistance only) ☐ Single family detached ☐ Semi-detached ☐ Rowhouse/townhouse ☐ Low-rise ☐ High rise with elevator ☐ Manufactured home			

Note: The numbering for the following sections skips to Section 18. Form HUD-50058 MTW does not contain any sections labeled Section 6 through Section 17. Sections with these numbers were excluded to ensure that data elements on the regular Form HUD-50058 and Form HUD-50058 MTW have unique numerical labels.

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

3:	**MTW Household (continued)**
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:	Code 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:	**MTW 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:	Reserved.
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.
Line 4f:	Reserved.
5:	**MTW 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 indicated 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:	Tenant-Based or Project-Based Assistance only, except Homeownership. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Tenant-Based or Project-Based Assistance only, except Homeownership. The last date a PHA inspector performed a full annual 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:	Tenant-Based or Project-Based Assistance only. Indicate the year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. Indicate the building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.
Note:	The numbering for the following sections skips to Section 18. Form HUD-50058 MTW does not contain any sections labeled Section 6 through Section 17. Sections with these numbers were excluded to ensure that data elements on the regular Form HUD-50058 and Form HUD-50058 MTW have unique numerical labels.

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

18. MTW Asset Income

18a. Family member name	No.	18b. Type of asset (PHA use)	18c. Calculation (PHA use)	18d. Cash value of asset	18e. Anticipated Income
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
18f, 18g Column totals				$ 18f.	$ 18g.
18h. Passbook rate (written as decimal)					0. 18h.
18i. Imputed asset income: 18f X 18h (if 18f is $5000 or less, put 0)					$ 18i.
18j. Final asset income: larger of 18g or 18i					$ 18j.

19. MTW Income

19a. Family member name	No.	19b. Income code	19c. Calculation (PHA use)	19d. Dollars per year	19e. Income exclusions	19f. Income after exclusions (19d minus 19e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
19g, 19h. Column totals				$ 19g.		$ 19h.
19i. Total annual income: 18j + 19h						$ 19i.
19j. Deductions					$ 19j.	
19k. Adjusted annual income: 19i minus 19j						$ 19k.

19b. Income Code

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
X = MTW income

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

18:	**MTW Assets**
Note:	Use a separate line for each family member and asset type.
Line 18a:	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 18b:	List any asset that has a dollar value or provides a source of income to the person listed in column 18a.
Note:	See the Form HUD 50058 MTW Instruction Booklet for an explanation of allowable assets.
Line 18c:	Use this column to perform asset calculations.
Line 18d:	Estimated, known or calculated dollar value of the asset listed.
Line 18e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.
Line 18f:	Total of the values listed in column 18d.
Line 18g:	Total of the values listed in column 18e.
Line 18h:	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 18i:	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 18j:	Total amount of household income derived from assets.
19:	**MTW 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 19a through 19h blank. Fill in total annual income (line 19i), which would be the total of the asset income.
Line 19a:	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 19b:	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 MTW Instruction Booklet for a detailed description of each income code.
Line 19c:	Use this column to perform income calculations.
Line 19d:	Annual income amount the family member earns from the income source(s) listed.
Note:	See the Form HUD-50058 MTW Instruction Booklet for a description of each income source.
Line 19e:	Income excluded from annual income calculations.
Note:	Includes income disallowance and individual savings accounts (ISA) for Public Housing.
Note:	See the Form HUD-50058 MTW Instruction Booklet for a description of each income exclusion.
Line 19f:	Income minus exclusions. Take dollars per year (line 19d) minus income exclusions (line 19e).
Line 19g:	The total dollar amounts listed in column 19d.
Line 19h:	The total dollar amounts listed in column 19f.
Line 19i:	The family's total annual income. Add the final asset income (line 18j) and the total income after income exclusions (line 19h).
Line 19j.	Total amount of money that is deducted from a family's income for rent determination purposes.
Line 19k:	The family's adjusted annual income. Take total annual income (line 19i) minus deductions (line 19j).

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

20. MTW Public Housing

20a. Type of rent	☐ Income-based ☐ Flat	
20b. Tenant rent		$ 20b.
20c. Mixed family tenant rent		$ 20c.
20d. Utility allowance/estimate		$ 20d.
20e. Is this a ceiling rent? (Y or N)		20f.
20f. Reserved		

21. MTW Tenant-Based or Project-Based Assistance

21a. Indicate if flat subsidy or income-based subsidy	☐ Income-based ☐ Flat	21a.
21b. Number of bedrooms on voucher equivalent		21b.
21c. Is family now moving to this unit? (Y or N)		21c.
21d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 21g)		21d.
21e. Cost billed per month (put 0 if absorbed)		21e.
21f. PHA code billed		21f.
21g. Owner name		21g.
21h. Owner TIN/SSN		21h.
21i. Rent to owner		$ 21i.
21j. Utility allowance/estimate		$ 21j.
21k. Gross rent of unit: 21i + 21j (or Space Rent)		$ 21k.
21m. Flat subsidy amount, if any		$ 21m.
21n. Tenant rent to owner		$ 21n.
21p. Mixed family tenant rent to owner		$ 21p.
21q. Is this a ceiling rent? (Y or N)		21q.
21r. Reserved		

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

20:	**MTW Public Housing**
Note:	Complete if the family's program type is MTW Public Housing (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 20a:	Indicate whether the family pays an income based rent or a flat rent.
Note:	Flat rent is not set by the family's income.
Line 20b:	The rent amount the family pays to the owner.
Line 20c:	The rent amount the mixed family pays to the owner.
Line 20d:	If the payment does not include all utilities, indicate the monthly allowance amount for tenant supplied utilities that applies to the family occupied unit or an estimate of the utility costs.
Note:	If the tenant rent includes all utilities, enter 0.
Line 20e:	Indicate if the family is paying the ceiling rent for this unit.
Line 20f:	Reserved.
21:	**MTW Tenant-Based or Project-Based Assistance**
Note:	Complete if the family's program type is (1c=PR) for Project-Based Assistance or (1c=T) for Tenant-Based Assistance 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 21a:	Indicate whether the family pays an income based subsidy or a flat subsidy.
Note:	Flat subsidies are not set by the family's income.
Line 21b:	Unit size (number of bedrooms) listed on the family's voucher equivalent.
Line 21c:	Indicate if the family is now moving into the unit.
Line 21d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 21e:	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 21f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 21g:	The unit owner's legal name.
Line 21h:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 21i:	Total monthly rent payable to the unit owner under the lease for the contract unit.
Line 21j:	If the payment does not include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit or an estimate of utility costs.
Note:	If the payment includes all utilities, enter 0.
Line 21k:	Gross rent of unit or space rent. Add rent to owner (line 21i) to the utility allowance (line 21j).
Line 21m:	Amount of monthly flat subsidy that the PHA provides to unit owner, if any (line 21a=F).
Line 21n:	Rent amount the family pays to the owner.
Line 21p:	Rent amount the mixed family pays to the owner.
Line 21q.	Indicate if the family is paying the ceiling rent for this unit.
Line 21r:	Reserved.

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

22. MTW Homeownership

22a.	Indicate if flat subsidy or income-based subsidy ☐ Income-based ☐ Flat	22a.	
22b.	Is family now moving to this home? (Y or N)	22b.	
22c.	Date (mm/dd/yyyy) of initial HQS inspection	22c.	
22d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 22g)	22d.	
22e.	Cost billed per month (put 0 if absorbed)	22e.	
22f.	PHA code billed	22f.	
22g.	Monthly homeownership payment (PITI & MIP if applicable)	$ 22g.	
22h.	Utility allowance/estimate	$ 22h.	
22i.	Other monthly allowance(s), if any	$ 22i.	
22j.	Gross homeownership expense	$ 22j.	
22k.	Flat subsidy amount	$ 22k.	
22m.	Total family share		$ 22m.
22n.	Mixed family total family share		$ 22n.
22p.	Is this a ceiling family share? (Y or N)	22p.	
22q.	Reserved		

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

22:	MTW Homeownership
Note:	Complete if program type is Homeownership (line 1c=PR) or (line 1c=T) 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 22a:	Indicate if flat subsidy or income-based subsidy.
Note:	Flat subsidies are not set by the family's income.
Line 22b:	Indicate if the family is now moving into the home.
Line 22c:	Date of the initial housing quality standards (HQS) inspection.
Line 22d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 22e:	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 22f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 22g:	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 22h:	The PHA's utility allowance for the unit.
Note:	If the PHA does not provide a utility allowance, enter an estimate of utility costs.
Line 22i:	The amount of PHA's allowances for the homeowner's monthly routine maintenance costs, major home repairs and maintenance, and co-op/condominium assessments.
Line 22j:	Calculation of tenant's total cost of homeownership. Sum of 22g through 22i.
Line 22k:	Total monthly amount of subsidy the PHA contributes toward homeowners if a flat subsidy is provided to the family.
Line 22m.	Total amount the family contributes toward homeownership.
Line 22n:	Indicate the mixed family total family contribution based on the proration calculation.
Line 22p:	Indicate if the family is paying the ceiling payment for this unit.
Line 22q:	Reserved.

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

23. Family Self Sufficiency (FSS)/MTW Self Sufficiency Addendum

23a. Participate in special program? (check no more than one) ☐ FSS ☐ MTW self-sufficiency

23b. Report category (check no more than one) ☐ Enrollment ☐ Progress ☐ Exit

23c. Effective date (mm/dd/yyyy) of self-sufficiency action — 23c.

23d. PHA code of PHA administering contract — 23d.

23e. Reserved

23f. Reserved

23g. Reserved

23h. 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 — 23h(2).

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

(4) Reserved — 23h(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 child care services — 23h(6).

23i. Family services table

	(1) Need (Y or N)	(2) Needs Met Through Program (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/job training			
Job search/job placement			
Job retention			
Transportation			
Health services			
Alcohol and other drug abuse prevention services			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

23i (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

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

23:	**Family Self-Sufficiency (FSS)/MTW Self Sufficiency Addendum**
Note:	Complete this section if the family participates in the Family Self-Sufficiency or an MTW self-sufficiency program.
Line 23a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program or an MTW self-sufficiency program.
Line 23b:	Check one category to indicate the purpose of the FSS Addendum.
Line 23c:	The effective date of the self-sufficiency action.
Line 23d:	The PHA code associated with the PHA that provides the self-sufficiency services.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 23e:	Reserved.
Line 23f:	Reserved.
Line 23g:	Reserved.
Line 23h.(1):	Indicate the head of household 's current employment status.
Line 23h.(2):	The date the head of household began his/her current job.
Line 23h.(3):	Indicate the head of household's current employment benefits. Check all that apply.
Line 23h.(4):	Reserved.
Line 23h.(5):	Indicate whether or not the family receives additional assistance, such as food stamps, Medicaid, TANF assistance, or the earned income tax credit.
Line 23h.(6):	Indicate the number of children in the household who receive childcare services.
Line 23i.(1):	Indicate whether or not the PHA identified individual training and service needs of the family members.
Line 23i.(2):	If the PHA identified certain needs for family members, indicate whether or not the program meets these needs.
Line 23i.(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.

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

23j.	**Self-Sufficiency Contract Information**		
	(1) Initial start date (mm/yyyy) of contract of participation		23j(1).
	(2) Initial end date (mm/yyyy) of contract of participation		23j(2).
	(3) Contract date (mm/yyyy) extended to (if applicable)		23j(3).
	(4) Number of family members with Individual Training and Services Plan		23j(4).
	(5) Did the family receive selection preference because of a related service program participation? (Y or N)		23j(5).
23k.	**Escrow Account Information**		
	(1) Current account monthly credit	$	23k(1).
	(2) Current account balance	$	23k(2).
	(3) Account amount disbursed to the family (cumulative as of end of reporting period)	$	23k(3).
23m.	**Exit Information (complete only for Exit Report)**		
	(1) Did family complete FSS contract of participation or MTW self-sufficiency program? (Y or N)		
	(2) If (1) is Yes, did family move to homeownership? (Y or N)		
	(3) If (1) is No, reason for exit: ☐ Left voluntarily ☐ Asked to leave program ☐ Portability move-out ☐ Left because essential service was unavailable ☐ Contract expired but family did not fulfill obligations		

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

23:	Family Self-Sufficiency (FSS)/MTW Self Sufficiency Addendum (continued)
Line 23j.(1):	Enrollment report only. The effective date of the family's contract of participation; the date the family *initially* enrolled in the self-sufficiency program.
Line 23j.(2):	Enrollment report only. The expiration date of the family's contract of participation; the date the family is *initially* expected to exit the self-sufficiency program.
Line 23j.(3):	If applicable, the date to which the PHA has extended the family's contract of participation.
Line 23j.(4):	The number of family members in the household who have current Individual Training and Services Plans under the contract of participation.
Line 23j.(5):	For new enrollment, indicate whether or not the family received a selection preference due to participation in a related service program.
Line 23k.(1):	The current dollar amount credited to the family's account due to increases in earned income by the family.
Line 23k.(2):	The current dollar amount of the family's account based on the most recent report of account funds and activity.
Line 23k.(3):	Total dollar cumulative amount, if any, of all escrow disbursements ever made to the family.
Line 23m.(1):	Indicate if the family fulfilled all of its obligations under the contract during the contract term.
Line 23m.(2):	Indicate if the family completed the contract and is moving to homeownership.
Line 23m.(3):	Indicate why the family did not complete its FSS or MTW self-sufficiency contract

[FR Doc. 03–17992 Filed 7–15–03; 8:45 am]

BILLING CODE 4210–33–C

DEPARTMENT OF THE INTERIOR

Office of the Secretary

Intent To Reestablish the Joint Fire Science Program Stakeholder Advisory Group Charter and Call for Non-Federal Nominations

AGENCY: Office of the Assistant Secretary for Policy Management and Budget, Interior.

ACTION: Notice and call for nominations.

SUMMARY: The Secretary of the Interior and the Secretary of Agriculture intend to reestablish the Charter for the Joint Fire Science Program Stakeholder Advisory Group. This notice solicits nominations for new members for the Group. The Group advises the Secretaries through the Governing Board of the Joint Fire Science Program concerning research priorities on fuels issues, emergency stabilization and rehabilitation practices, restoration of fire-adapted ecosystems, and fire management procedures on lands administered by Interior and Agriculture. The Joint Fire Science Program provides scientific information and tools to support the wildland fire management program.

DATES: Nominations should be submitted to the address listed below no later than August 15, 2003.

ADDRESSES: Submit all nominations to Dr. Bob Clark, Joint Fire Science Program Manager, National Interagency Fire Center, 3833 S. Development Ave., Boise, Idaho 83705.

FOR FURTHER INFORMATION CONTACT: Dr. Bob Clark, Joint Fire Science Program Manager, National Interagency Fire Center, 3833 S. Development Ave., Boise, Idaho 83705, (208) 387–5349. Internet: *Bob_Clark@nifc.blm.gov.*

SUPPLEMENTARY INFORMATION: The Joint Fire Science Program was established in 1998 to provide scientific information and tools in support of the wildland fire management program. Since its inauguration the Program has funded 178 projects. The results of completed projects are made available to field offices to provide guidance for wildland fire management, and fuels treatment and rehabilitation project planning. All program projects require scientist-manager partnerships along with a strong emphasis on technology transfer.

The Stakeholder Advisory Group will consist of not more than 15 members, 5 Federal and 10 nonfederal. This call for nominations will establish the nonfederal membership on the Group. Group membership will be balanced in terms of categories of interest and geographic regions represented. Any individual or organization may nominate one or more persons to serve on the Joint Fire Science Program Stakeholder Advisory Group. Individuals may also nominate themselves for Group membership.

All nomination letters should include the name, address, profession, relevant biographic data, and reference sources for each nominee, and should be sent to the address in the **ADDRESSES** section. Letters of support should be from interests or groups that nominees claim to represent. This material will be used to evaluate nominees' expertise and qualifications for advising the Secretaries on matters pertaining to research into wildland fuels problems, implementation of strategies and solutions for managing increasing fuel loadings, and post fire rehabilitation on federally administered wildlands. Nominations may be made for the following categories of interest:

Wildland fire suppression and operations
Prescribed fire management
Air quality and smoke management
Burned area emergency stabilization and rehabilitation
Fire ecology and ecosystem restoration
Forest and woodland management
Rangeland management
Wildlife Management
Soil and water management
Conservation
Social science and economics
Modeling and remote sensing
Tribal government
State or local agencies
Public at large

Each Stakeholder Advisory Group Member will be appointed to serve a 2-year term. Terms will be staggered to maintain continuity on the Group. Initially, appointment terms for half of the non-federal members will be for three years. At the end of the member's term, the member may continue to serve at the discretion of the Secretary of the Interior and Secretary of Agriculture for an interim period, which will not exceed 120 days, in order to ensure continuity on the Stakeholder Advisory Group.

Members will serve without salary, but non-federal members will be reimbursed for travel and per diem expenses at current rates for Government employees. The Group will meet at least twice annually. Additional meetings may be called in connection with special needs for advice. The Department of the Interior's Director, Office of Wildland Fire Coordination will be the Designated Federal Officer who will call meetings of the Group. This notice is published in accordance with Section 9 (a)(2) of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C. App.).

Dated: July 8, 2003.

P. Lynn Scarlett,

Assistant Secretary—Policy, Management and Budget, Department of the Interior.

[FR Doc. 03–17940 Filed 7–15–03; 8:45 am]

BILLING CODE 4310–J4–P

DEPARTMENT OF THE INTERIOR

Geological Survey

Technology Transfer Act of 1986

AGENCY: Geological Survey, Department of Interior.

ACTION: Notice of proposed Cooperative Research and Development Agreement (CRADA) negotiations.

SUMMARY: The United States Geological Survey (USGS) is planning to enter into a Cooperative Research and Development Agreement (CRADA) with Maps a la carte, Inc., of North Chelmsford, Massachusetts. The purpose of the CRADA is to develop and document Open Source software tools for use by potential The National Map partners when serving digital geographic data and metadata in The National Map. Any other organization interested in pursuing a partnership for similar kinds of activities should contact the USGS.

ADDRESSES: Inquiries may be addressed to the Branch of Business Development, U.S. Geological Survey, 500 National Center, 12201 Sunrise Valley Drive, Reston, Virginia 20192; Telephone (703) 648–4621, facsimile (703) 648–4706; Internet *bduff@usgs.gov.*

FOR FURTHER INFORMATION CONTACT: Beth L. Duff, address above.

SUPPLEMENTARY INFORMATION: This notice is to meet the USGS requirement stipulated in the Survey Manual.

Dated: June 18, 2003.

Robert A. Lidwin,

Geography, Chief of Staff.

[FR Doc. 03–17964 Filed 7–15–03; 8:45 am]

BILLING CODE 4310–Y7–M