RENTAL SCHEDULE FOR LOW INCOME/MARKET RATE UNITS

(To be completed for each building in the development)

(Attachment to the PennHOMES Annual Report or the Owner's Certificate of Continuing Program Compliance)

Property Name: _____

Building Address: _____

Building ID No: _____

Unit Number	BR SIZE	(A) Unit Type MR/LI/MGR	(B) MIU/HIV	TENANT NAME	(C) Y / N	(D) E/G/R	Total number people per unit	Move In Date	EFFECTIVE DATE	Move Out Date	TOTAL ANNUAL INCOME	TENANT PAID RENT	Utility Allowance	(E) Rental Asstnce Type/Amt	Gross Rent per unit	(F) Rent 20% AMI	Amount paid by Tenant Include Utility

(A) MR = Market Rate Unit, LI = Low Income Unit, MGR = Manager Unit

(B) MIU = Mobility Impaired Units; H/V = Hearing/Vision Unit

(C) If a member of the household needs the accessible features of the unit enter Y; if not, enter N

(D) E = Ethnicity: Hispanic or Latino (Y) Yes (N) No

G = Gender: (M) Male (F) Female

R = Race (1) American Indian or Alaska Native, (2) Asian, (3) Black or African American, (4) Native Hawaiian or Other Pacific Islander, (5) White *(List all that apply.)*

(E) V = Voucher, IS = Internal Subsidy, PB = Project Based

(F) If unit rent is at 20% of the Area Median Income enter Y

NOTE: THIS FORM SHOULD REFLECT ALL TENANTS WHO HAVE OCCUPIED A UNIT IN THIS BUILDING AT SOME TIME DURING THE CALENDAR YEAR. IF A TENANT HAS MOVED OUT PRIOR TO THEIR ANNUAL RECERT DATE, PLEASE MAKE NOTE OF A MOVE-OUT DATE.

Nov-06