

PENNSYLVANIA HOUSING FINANCE AGENCY

Section 8 Supportive Services Program Quarterly Report Instructions - Written

Due Date: Reports are due January 15th, April 15th, July 15th, and October 15th

Complete all information at top of report.

Line 1: Insert total number of residents residing at property for quarter

Line 2-5: Enter data in the “#of residents” blocks, percentages are calculated by dividing the number of residents in an age category by the total number of residents.

Line 6: # of residents is the same as line 1. Percentage will be 100%

Line 7: Housekeeping program refers only to a program that is run by the property, i.e. Handy Helper Program. Enter number of residents and number of times. These numbers may be different.

Line 9: County transportation includes any form of municipal/publically sponsored transportation, i.e. bus service provided by the Area Agency on Aging. Enter number of residents and number of times. These numbers may be different.

Line 10: Property van service is transportation provided by a van operated by the property. Enter number of residents and number of times. These numbers may be different.

Line 11: Meal program refers to regularly scheduled nutritious meals in a social setting, NOT MEALS ON WHEELS. Enter number of residents and number of times. These numbers may be different.

Line 12: Enter number of residents who received property violations. Information available from property manager

Line 13: Enter the total number of violations for the quarter. Since a resident may receive more than one violation, this number may be different from Line 12

Line 14-18: Information is available from the property manager

Line 19: Add lines 14-18 and enter total

Line 20-30: Information is available from the property manager

Line 31: Add lines 20-30 and enter total

Line 33-41: Information on why/where residents moved to, generally available from the property manager or exit meeting

Line 42: Add lines 33-41 and enter total

Programs: This section is to record programs that are held for the residents. Enter the date of program, topic/event, speaker or organization, and the number of residents who attended.

Trainings Attended: This section is to report supportive services staff training. Enter the date of training attended, the topic/event, the speaker or organization, and the outcomes/goals of the training.

Pennsylvania Housing Finance Agency

Section 8 Supportive Services Program Quarterly Report

Property Name:		PHFA #:	No. Units:
Submitted by:		Date:	Report Quarter:
Tele. No		Email Address:	

Resident Statistics

1	Total # of Residents in property		
	Estimated Age of Residents	# of Residents	% of residents
2	18-61		
3	62-80		
4	81-95		
5	Over 96		
6	TOTAL RESIDENTS		

Program Types

		# of Residents	# of Times
7	Housekeeping Program		
8	Transportation		
9	County Transportation		
10	Property van		
11	On site Meal Program-Not Meals on Wheels		

Property Violations

12	Number of Residents Reported	
13	Number of Reports on Violations	

Violation Type

		# of Violations
14	Illegal Substances	
15	Illegal Weapons	
16	Law/Legal	
17	Non-payment of Rent	
18	Unreported Income	
19	Total # of Property Violation selections	

Lease Violations

		# of Violations
20	Apartment Abuse/neglect/damage	
21	Defacing of Property	
22	Guest Stay	
23	Health Violation	
24	Housekeeping/Cleanliness	
25	Inappropriate Behavior	
26	Interfering w/management	
27	Peaceable enjoyment of other residents	
28	Pet Policy	
29	Property Abuse/damage	
30	Responsibility of Guest/Visitor	
31	Total number of Lease Violation selections	

