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)

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

⁽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