

Period Begin Date: _____

Period End Date: _____

Property Name: _____

Street Address: _____

City, State, Zip: _____

Owner: _____

Phone: _____

(area)

Manager/Contact: _____

Phone: _____

(area)

PROPERTY SUMMARY					
UNIT TYPE	Number of Units				
	Occupied	Vacant	Over Income	Total	Required
1. Lower Income - QUs	0	0	0	0	0
2. Very Low-Income - QUs	0	0	0	0	0
3. Total Qualifying Units	0	0	0	0	0
4. Unrestricted Units	0	0		0	
5. TOTAL ALL UNITS	0	0	0	0	
Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

I/We (owner) relied in good faith upon information supplied by the occupants and verified the information provided. I/We certify that data presented in this report is accurate to the best of our knowledge.

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED

Signature (Preparer)

Date

Signature (Managing Owner)

Date