HOME Monitoring Checklist 6-D

Project Compliance Report: Rental Housing

Project Name: _____ Owner Name: _____

Project ID: _____ Reporting Period: From _____ To _____

A	B	C	D	E	F	G	H	I	J	K	
UNIT NUMBER	LOW OR HIGH HOME RENT UNIT?	TENANT NAME	NO. PERS.	NO. BR'S	DATE OF LAST INCOME CERT.	MAX RENT	UTILITY ALLOWANCE	MONTHLY UNIT RENT	TENANT'S ANNUAL GROSS INCOME	COMPLIANCE Y/N?	UNIT STATUS (PJ Only)

Reviewer: _____ Date: _____