

**INSTRUCTIONS FOR COMPLETING
Part B: Unit Status Report – Compliance Report**

This report must be updated monthly and submitted to TDHCA upon request.

Date	Enter the date this form reflects occupancy on.
Property Name	Enter the name of the development.
TDHCA #	Enter the assigned Property Identification Number.
BIN #	Enter the Building Identification Number (BIN) assigned to the building (for tax credit program only--from IRS Form 8609).
Column (A) Unit Number	Enter the unit number.
Column (B) Date of Move-In/Out	Enter the date the Tenant Moved-In to the unit. If the unit is vacant, enter the date the tenant moved out of the unit.
Column (C) Last Name	Enter the Last Name of the Head of Household. If the unit is vacant, enter "VACANT". If the unit is occupied by the Manager, enter "MANAGER". If the unit is occupied by Maintenance staff, enter "MAINTENANCE". If the unit is down, enter "DOWN". If the unit is used as storage, enter "STORAGE". If the unit is occupied by a Security officer, enter "SECURITY OFFICER". If other, then explain.
Column (D) Annual Income	Enter the amount on Row L of the most recent Tenant Income Certification form. Leave blank if this is an unrestricted (market) unit.
Column (E) Tenant Paid Rent	Enter the amount of rent the Tenant currently pays. Leave blank if this is an unrestricted (market) unit.
Column (F) Utility Allowance	Enter the Utility Allowance amount. If the owner pays all utilities, enter zero. (<i>Utility Allowance not applicable to AHDPA</i>). Leave blank if this is an unrestricted (market) unit.
Column (G) Housing Assistance Payment	Enter the amount of rent assistance, if any. Examples: Section 8, Rural Housing. Leave blank if this is an unrestricted (market) unit.
Column (H) # of Bedrooms	Enter the number of bedrooms in the unit.
Column (I) TIC Effective Date	For initial move-ins, enter the effective date listed on the Tenant Income Certification form. This needs to be the date of move-in. For annual recertifications, list the effective date of the most recent Tenant Income Certification form.
Column (J) Recert	If this is a re-certification, enter "Y". If this is an initial certification, leave this column blank.
Column (K) HH size	Enter the number of people in the household.
Column (L) Unit Qualification	Designate the Qualifying Units using the Unit Qualification Key on upper right hand corner of this form. If the unit is not required to meet the LI set aside requirement, then leave this column blank. Mark all appropriate restrictions for each unit. Make sure and include the appropriate qualification for over income at re-certification. PLEASE NOTE that you can not have over income at move in. These are ineligible households.

LIHTC	If the property participates in the LIHTC program and this household's unit will occupy will count towards the LIHTC program set-aside requirement, include the correct designation from the unit qualification key.
HOME	If the property participates in the HOME program and this household's unit will occupy will count towards the HOME program set-aside requirement, include the correct designation from the unit qualification key.
Tax-Exempt	If the property participates in the Tax-Exempt Bond program, and this household's unit will count towards the BOND program set-aside requirement, include the correct designation from the unit qualification key.
AHDP	If the property participates in the Affordable Housing Disposition Program (AHDP) and this household's unit will count towards the AHDP set-aside requirement, include the correct designation from the unit qualification key.
HTF	If the property participates in the Housing Trust Fund program (HTF) and this household's unit will count towards the HTF set-aside requirements, include the correct designation from the unit qualification key.
CDBG-DR → Other	If the property participates in any other affordable housing program, complete the information as appropriate.

Column (M)
Unit meets Special Needs Req.

Designate the Special Needs Requirements using the Unit Qualification Key on upper right hand corner of this form. If the unit is not required to meet the special needs set aside requirement, then leave this column blank. .

For Vacant Units:

Under Column C, enter "Vacant".

All other columns must have the information for the previous tenant who occupied the unit.

For Unrestricted (Market) Units:

Include the move in date for the household occupying the unit, and the number of bedrooms for that unit.