

**U.S. Department of Housing and Urban Development  
Monthly Report of Excess Income**

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

1. Total gross rental collections in excess of approved basic rental per unit for all units in the project:	_____
2. Less amount retained for HUD-approved purposes:	_____
3. Total Net Excess Income due HUD this month:	_____

Management Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner Tax Identification Number (TIN): \_\_\_\_\_

**Contact Information:**

Contact Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_

I certify that the information on this form is true and complete. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 101, 1010, 1012; 31 U.S.C. 3729 3802)

