

Section 8, Section 202, and Section 811 Project Based, Project Specific Information

MACRO ID: _____

1. PROJECT IDENTIFIERS

Check the information below for accuracy. If it is correct, please check the box to the right of the item. If it is not correct, please enter the correct information in the far right column.

| | Information in Our File | √ if correct | If not correct, indicate correct information below |
|-------------------------------------|-------------------------|--------------------------|--|
| Property # | | <input type="checkbox"/> | |
| Project # | | <input type="checkbox"/> | |
| Contract # | | <input type="checkbox"/> | |
| Project Name | | <input type="checkbox"/> | |
| Physical Location of Project | | <input type="checkbox"/> | |
| Number of Assisted Units* | | <input type="checkbox"/> | |

*Number of Section 8, Section 202 PRAC/PAC, and Section 811 PRAC/PAC assisted units

2. SPECIAL CIRCUMSTANCES

Is this project considered a special demonstration project? That is, have you been given special permission to design and implement different program policies and procedures for calculating rent?

Yes ____ No ____

If yes, return the survey to ORC Macro without completing the remaining questions.

3. PROJECT CONTACT INFORMATION

a) If we need further information about this project, whom should we contact?

| | |
|--|--------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ E-mail: _____ |
| Street Address: _____ City: _____ State: _____ Zip code: _____ | |

b) When we are ready to begin collecting data from tenant files, whom should our field interviewers contact?

| | |
|--|--------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ E-mail: _____ |
| Street Address: _____ City: _____ State: _____ Zip code: _____ | |

4. TENANT FILES

Where are the tenant files for the project identified above located? ____ At project site ____ Other

If Other, explain: _____

5. WELFARE RENT

Does your PHA use Welfare Rent when calculating the TTP?

Yes ____ No ____

If yes, please attach the Welfare Rent Schedules used for actions **effective** Nov. 1st, 2004 – Oct. 31st, 2005.

PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE OR FAX IT TO OUR TOLL FREE FAX (800-823-0127)

Completed by: _____ Date: _____

Phone Number: _____ E-mail: _____

Moderate Rehabilitation PHA Specific Information

1. IDENTIFIERS

Macro ID:

We will be selecting a sample of Moderate Rehabilitation tenant files from those the PHA administers in the **county specified** below. Check the information below for accuracy. If it is correct, please check the box to the right of the item. If it is not correct, please enter the correct information in the far right column.

| | Information in Our File | √ if correct | If not correct, indicate correct information below |
|----------------------------------|-------------------------|--------------|--|
| PHA Code | | | |
| PHA Name | | | |
| County | | | |
| PHA Street Address | | | |
| Number of Assisted Units* | | | |

* Number of assisted units in the County specified.

2. SPECIAL CIRCUMSTANCES

Are any of the Moderate Rehabilitation units in the **county specified** above part of a special demonstration? That is, have you been given *special permission* to design and implement different program policies and procedures for calculating rent? Yes___ No___

If yes, return the survey to ORC Macro without completing the remaining questions.

3. CONTACT INFORMATION

a) If we need further information about the Moderate Rehabilitation units in the county specified above, whom should we contact?

| | |
|--|--------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ E-mail: _____ |
| Street Address: _____ City: _____ State: ___ Zip Code: _____ | |

b) When we are ready to begin collecting data from tenant files, whom should our field interviewers contact?

| | |
|--|--------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ E-mail: _____ |
| Street Address: _____ City: _____ State: ___ Zip Code: _____ | |

4. TENANT FILES

Where are the files located for the Moderate Rehabilitation tenants in the county specified above?

IF FILES FOR TENANTS RESIDING IN THE COUNTY SPECIFIED ABOVE ARE KEPT IN MORE THAN ONE LOCATION, PLEASE PROVIDE THE NAME OF THE OFFICE, THE NUMBER OF TENANT FILES FROM THE SPECIFIED COUNTY LOCATED THERE AND THE ADDRESS OF THE OFFICE.

| Office Name | # of Files | Address |
|-------------|------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. PASSBOOK RATE

What Passbook Interest Rates were used for actions **effective** Nov. 1st, 2005 –Oct.31st, 2006 (Record interest rates as a percentage. For example, if the rate is displayed as the decimal .025, this should be written as 2.5%)?

_____ % From (MM/YYYY) _____ Thru (MM/YYYY) _____

_____ % From (MM/YYYY) _____ Thru (MM/YYYY) _____

6. WELFARE RENT

Does your PHA use Welfare Rent when calculating the TTP? Yes___ No___

IF YES, PLEASE ATTACH THE WELFARE RENT SCHEDULES USED FOR ACTIONS **EFFECTIVE** Nov. 1st, 2005 – Oct. 31st, 2006.

7. PHA SPECIFIC RENT INFORMATION

PLEASE ATTACH THE **GROSS RENT** SCHEDULE AND **MINIMUM RENTS** USED FOR ACTIONS **EFFECTIVE** Nov. 1st, 2005 – Oct. 31st, 2006. NOTE: IF THE SPECIFIED COUNTY OR JURISDICTION HAS GROSS RENTS FOR MORE THAN ONE GEOGRAPHIC AREA, ATTACH INFORMATION FOR EACH ADDITIONAL AREA FOR THE PERIOD SPECIFIED ABOVE. IF NECESSARY, PROVIDE MAPS OF THE AREA IDENTIFYING WHERE THE VARIOUS GROSS RENT AMOUNTS APPLY.

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Completed by: _____ Date: _____

Phone Number: _____ E-mail: _____

Public Housing Project Specific Information

MACRO ID:

1. PROJECT IDENTIFIERS

Check the information below for accuracy. If it is correct, please check the box to the right of the item. If it is not correct, please enter the correct information in the far right column.

| | Information in Our File | √ if correct | If not correct, indicate correct information below |
|-------------------------------------|-------------------------|--------------|--|
| PHA Code | | | |
| PHA Name | | | |
| Project # | | | |
| Project Name | | | |
| Physical Location of Project | | | |
| Number of Assisted Units | | | |

2. SPECIAL CIRCUMSTANCES

Is this project considered a special demonstration project? That is, have you been given *special permission* to design and implement different program policies and procedures related to calculating rent? Yes___ No___

If **yes**, return the survey to ORC Macro without completing the remaining questions.

3. PROJECT CONTACT INFORMATION

a) If we need further information about this project, whom should we contact?

| | |
|---|-------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ Email: _____ |
| Street Address: _____ City _____ State: ___ Zip code: _____ | |

b) When we are ready to begin collecting data from tenant files, whom should our field interviewers contact?

| | |
|---|-------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ Email: _____ |
| Street Address: _____ City _____ State: ___ Zip code: _____ | |

4. TENANT FILES

Where are the tenant files for the project identified above located?

_____ PHA central office _____ On site at project address above _____ Other

If Other, please explain: _____

MACRO ID: _____

5. PASSBOOK RATE

What Passbook Interest Rates were used for actions **effective** Nov. 1st, 2005 – Oct.31st, 2006 (Record interest rates as a percentage. For example if rate is displayed as the decimal .025, this should be written as 2.5 %)?

_____ % From (MM/YYYY) _____ Thru (MM/YYYY) _____

_____ % From (MM/YYYY) _____ Thru (MM/YYYY) _____

6. WELFARE RENT

Does your PHA use **Welfare Rent** when calculating the TTP? Yes____ No____

If yes, please attach the **Welfare Rent** Schedules used for actions **effective** Nov. 1st, 2005 – Oct. 31st, 2006.

7. PHA SPECIFIC RENT INFORMATION

a) Please attach the **Flat Rent** schedule(s) and **Minimum Rents** used for actions **effective Nov. 1st, 2004 – Oct. 31st, 2006**. Note: If the specified project has multiple Flat/Minimum Rents, attach all schedules for the project. If necessary, provide information about how to determine the correct Flat/Minimum rent for a unit.

b) In the tenant file, what document(s) indicates whether a tenant is entitled to the **Earned Income Disallowance**?

PLEASE ATTACH A COPY OF THAT DOCUMENT TO RETURN WITH THIS FORM

8. PHA SPECIFIC POLICIES

a) Has your PHA adopted any income exclusions in addition to those specified by HUD? Yes____ No____

If yes, indicate which additional exclusions and how they are calculated.

| Income Exclusion | Yes | No | Calculation Process |
|--|-----|----|---------------------|
| Medical Premiums | | | |
| Flat Amount (such as first \$50 of earnings) | | | |
| Employer withholding | | | |
| Transportation Allowance | | | |
| Percent of earnings | | | |
| Other (Specify) | | | |

b) Has your PHA adopted an income-based rent (as permitted under 24 CFR 960.253 (c)) that results in families paying less than they would pay under the rules for calculating the total tenant payment (TTP) in 24 CFR 5.628? Yes____ No____

If yes, explain: _____

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Completed by: _____ Date: _____

Phone Number: _____ E-mail: _____

Voucher Program PHA Specific Information

1. IDENTIFIERS

MACRO ID:

We will be selecting a sample of voucher tenant files from those the PHA administered in the **county specified**. Check the information below for accuracy. If it is correct, please check the box to the right of the item. If it is not correct, please enter the correct information in the far right column.

| | Information in Our File | ✓ if correct | If not correct, indicate correct information below |
|--------------------------|-------------------------|--------------|--|
| PHA Code | | | |
| PHA Name | | | |
| County | | | |
| PHA Street Address | | | |
| Number of Assisted Units | | | |

* Number of assisted units in the **County specified**.

2. SPECIAL CIRCUMSTANCES

Are any of the voucher units in the county specified above part of a special demonstration? That is, have you been given *special permission* to design and implement different program policies and procedures related to calculating rent?

Yes___ No___

If yes, return the survey to ORC Macro without completing the remaining questions.

3. CONTACT INFORMATION

a) If we need further information about the leased vouchers in the county specified above, whom should we contact?

| | |
|--|--------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ E-mail: _____ |
| Street Address: _____ City: _____ State: ___ Zip Code: _____ | |

b) When we are ready to begin collecting data from tenant files, whom should our field interviewers contact?

| | |
|--|--------------------------|
| Name: _____ | Title: _____ |
| Telephone: _____ | Fax: _____ E-mail: _____ |
| Street Address: _____ City: _____ State: ___ Zip Code: _____ | |

4. VOUCHER TENANT FILES

Where are the files located for the voucher tenants in the county specified above?

IF FILES FOR TENANTS RESIDING IN THE COUNTY SPECIFIED ABOVE ARE KEPT IN MORE THAN ONE LOCATION, PLEASE PROVIDE THE NAME OF THE OFFICE, THE NUMBER OF TENANT FILES FROM THE SPECIFIED COUNTY LOCATED THERE AND THE ADDRESS OF THE OFFICE.

| Office Name | # Vouchers | Address |
|-------------|------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. PASSBOOK RATE

What Passbook Interest Rates were used for actions **effective** Nov. 1st, 2005 –Oct.31st, 2006 (Record interest rates as a percentage. For example, if the rate is displayed as the decimal .025, this should be written as 2.5%)?

_____ % From (MM/YYYY) _____ Thru (MM/YYYY) _____

_____ % From (MM/YYYY) _____ Thru (MM/YYYY) _____

6. WELFARE RENT

Does your PHA use **Welfare Rent** when calculating the TTP? Yes___ No___

IF YES, PLEASE ATTACH THE WELFARE RENT SCHEDULES USED FOR ACTIONS EFFECTIVE NOV. 1ST, 2005 – OCT. 31ST, 2006.

7. PHA SPECIFIC RENT INFORMATION

- a) Please attach the **Payment Standard(s)** schedule and **Minimum Rents** used for actions **effective Nov. 1st, 2004 – Oct. 31st, 2006**. Note: If the specified county or jurisdiction has payment standards for more than one geographic area, attach information for each additional area for the period specified above. You should also provide information about any exception rent areas or success rate payment standard areas within this county/jurisdiction. If necessary, provide maps of the area identifying where the various payment standard amounts apply.
- b) In the tenant file what document(s) indicate whether a tenant is entitled to the Earned Income Disallowance? _____

PLEASE ATTACH A COPY OF THAT DOCUMENT TO RETURN WITH THIS FORM.

8. HOUSING TYPES

Does the PHA administer any of the following special housing types in the voucher program in the specified county?

| Housing Type | Yes | No |
|--------------------------------|-----|----|
| Single Room Occupancy | | |
| Congregate Housing | | |
| Group Home | | |
| Shared Housing | | |
| Cooperative Housing | | |
| Manufactured Home Space Rental | | |

If yes for Manufactured Home Space Rental, please provide the Manufactured Home Space Payment Standard for FY 2006: \$ _____

9. RENT COMPARABILITY

a) Where will our Field Interviewer find rent comparability information for selected tenants?

_____ Tenant File _____ Other, specify: _____

b) Please indicate the type of rent comparability/rent reasonableness process used by your PHA to determine if the rent charged by the landlord is reasonable, by recording the percent of time you use each of the different processes identified below.

IF YOU USE A STANDARD FORM TO DETERMINE RENT REASONABLENESS, PLEASE ATTACH A COPY.

_____ Unit-to-Unit. Comparing the rents of one or more specific comparable unit(s) to the assisted unit

_____ Average Rents. Comparing the average rent from a large survey of comparable units to the rent requested for the assisted unit.

_____ Point or Ranking System. Comparing units within a certain point range to the assisted unit. Points are awarded, and a higher rent is allowed for better unit conditions and/or specific attributes or amenities.

_____ Request for Tenancy Approval (RFTA). Using comparable units and rents listed by the owner/property manager in Section 12a of the HUD form 52517.

_____ Professional Judgment. Experienced staff determine whether the rent request is acceptable based on knowledge of the local rental market.

_____ Rent Comparability Software Program. Please record the name of the program and the software vendor: _____

_____ Subcontract Rent Comparability Function to an Outside Organization. Please identify the organization: _____

_____ None. No rent comparison is completed prior to approving the amount of rent for the assisted unit.

_____ Other Procedure. Please Explain: _____

IF MULTIPLE METHODS ARE USED, THE PERCENTAGES RECORDED IN THE LEFT COLUMN SHOULD SUM TO 100.

10. UTILITY ALLOWANCE SCHEDULES

PLEASE ATTACH UTILITY ALLOWANCE SCHEDULES (HUD-52667 – ALLOWANCE FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES) USED FOR ACTIONS **EFFECTIVE Nov 2005 – Oct 2006**.

The following questions are about your PHA’s policy on how the utility allowances are calculated and recorded:

- a) Is the lease document that indicates who is responsible for the utilities kept in the tenant file? Yes___ No___

If **No**, where can this information be found? _____

- b) What document in the tenant file is used to calculate the value of the utilities paid by the tenant?

PLEASE ATTACH A COPY OF THAT DOCUMENT TO RETURN WITH THIS FORM.

- c) Does the PHA have a Flat Fee applied to all or some cases? Yes___ No___

If **Yes**, does it apply to all cases? Yes___ No___

If **No**, how can ORC Macro determine to which cases the flat fee is applicable?
(i.e. those paying for air conditioning)

- d) Does the PHA apply different utility rates based on utility company? Yes___ No___

If **Yes**, how can ORC Macro staff determine the appropriate Utility Company reimbursement amounts when calculating the Utility Allowance?

- e) Does the PHA allocate different utility allowances for different parts of the county? Yes___ No___

If **Yes**, how can ORC Macro staff determine the appropriate utility schedule for the tenants included in the study?

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Completed by: _____ Date: _____

Phone Number: _____ E-mail: _____