## **Voucher for Payment of Annual Contributions and Operating Statement**

## **US Department of Housing** and Urban Development

Office of Public and Indian Housing

Housing Assistance Payments Program Supplemental Reporting Form

Public reporting burden for this collection of information is estimated to average 1.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless that collection displays a valid OMB control number. Authority for this collection of information is the Housing and Community Development Act of 1987. Housing Agencies (HAs) required to maintain financial reports in accordance with accepted accounting standards to permit timely and effective audits. The financial records identify the amount of annual contributions that are received and disbursed by HAs. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

HA Number:	HA Name:			HA FYE:				
Submission Type:								
Housing Choice Voucher Program – Utilization and Administrative Fee and Expense Reporting  Administrative Fee Reserve (Operating Reserves) Balance as of January 31, 2003 (01/31/03)  n/a								
Administrative i ee Neserve	(Operating Reserves) Balance as	OI January 31, 2003 (01	731703)	11/a				
Unit Months Leased:								
Litigation								
Mainstream 1 – year								
Mainstream 5 – year								
Homeownership			-					
Moving to Work								
All Other Voucher	rs							
Total Vouchers								
Hope VI Section 8 Vouchers								
Tenant Protection								
	n – New this Month							
Enhanced Vouche		(1)						
	rs – this Month (Identify the number er issued for the specified month)	f of New						
HAP Evnenses: (Housing as	ssistance payments to landlord, utility reir	mbursoment ESS Eserow L	Jomo Burchasa Esc	erow) Evoludo: Portability				
payments due from another Housing as		ilbursement, FSS Escrow, F	nome Purchase Est	row) Exclude. Fortability				
Litigation								
Mainstream 1 – Ye	ear							
Mainstream 5 – Yo	ear							
Homeownership								
Moving to Work								
All Other HAP Exp	penses							
Hope VI Section 8 Vouchers								
Total HAP	Expenses							
Admin Fees Earned								
	440 4400 4450 4400 7500 7540 4400	A540 I						
Admin Expenses: (Accts 4110, 4130, 4150, 4180, 7520, 7540, 4190, 4540, and 4540) Exclude FSS Coordinator, Special Fee, Mobility Counseling, ROC Costs,								
Preliminary Expenses, and Portac	pility payments due from another Housing	Authority.						
Audit: (Enter the audit cost for the entire period. Do not breakdown by month)								
Hard to House								
FSS Coordinator								
LBP Test								
LBP Risk Assessment								
Mobility Counseling								
Preliminary Fees (New HA's	c Only)							
Housing Conversion Fees								
ROC	<u> </u>							
Other (Brief Description)								
	C inici (i	Janes Becompacity						
			+					
Additional HAP Expenses	<u> </u>							
Fraud Recover – Amount booked this month			+					
FSS Escrow Forfe								
Regular Portable (Units)								
Port In			+					
Port Out								
			l					

## Voucher for Payment of Annual Contributions and Operating Statement

Operating Statement
Housing Assistance Payments Program
Supplemental Reporting Form

## US Department of Housing and Urban Development

Office of Public and Indian Housing

Regular Portable (HAP)								
Port In								
Port Out								
Disaster Relief - Non KDHAP (Units)								
Port In								
Port Out								
Disaster Relief – Non KDHAP (HAP)								
Port In								
Port Out								
KDHAP Disaster Relief (Units)								
Disaster Relief Families Assisted (Exclude Po								
New KDHAP Families Assisted – This month								
KDHAP Disaster Relief (HAP)								
Actual KDHAP Rental Assistance Provided								
Actual Security Deposit								
KDHAP Security Deposit Refunds								
Actual Utility Deposit								
KDHAP Utility Deposit Refunds								
Comments:								
Outments.								
Name of PHA Point of Contact POC Phone Number Ext:								
	Date Submitted		Official HA E-mail Address:					
				·				