Appendix C. Voucher and Transaction Counts

The public reporting burden for assembling this information is estimated to up to 8 hours. HUD may not collect this information, and you are not required to complete this Form, unless it displays a currently valid OMB Control Number. The OMB Control Number for this data collection is XXXX-XXXX, expiring on MM/DD/YY. This collection is authorized by 12.U.S.C. 1701z-1, which authorizes HUD to undertake studies of this type.

## Voucher Counts

Please provide the following counts once prior to the start of RMS data collection and once at the end of RMS data collection.

| **Date Report Produced: [MM/DD/YY]** | **Vouchers Under Lease** | **Vouchers Under Lease by Household Type** |
| --- | --- | --- |
| **Voucher Type** | **Non-Disabled Small Family (1-5 members)** | **Non-Disabled Large Family (6+ members)** | **Non-Elderly Disabled** | **Elderly** | **Homeless(at Admission)** | **Not Able to Specify** |
| Regular tenant-based HCV program |  |  |  |  |  |  |  |
| Project-Based  |  |  |  |  |  |  |  |
| Homeownership  |  |  |  |  |  |  |  |
| HUD-VASH |  |  |  |  |  |  |  |
| Family Unification Program |  |  |  |  |  |  |  |
| 5-yr Mainstream Vouchers |  |  |  |  |  |  |  |
| Non-elderly disabled vouchers |  |  |  |  |  |  |  |
| Tenant Protection or Enhanced Vouchers |  |  |  |  |  |  |  |
| Disaster Voucher Program |  |  |  |  |  |  |  |
| Other Voucher Type (SPECIFY) |  |  |  |  |  |  |  |

Number of households enrolled in FSS: \_\_\_\_\_\_\_\_\_\_\_\_

## Transaction Counts Worksheet

**Instructions:**

* Please provide the following transactions counts for the 12-month period prior to the start of RMS data collection and for the two-month RMS data collection period: [DATE RANGE]. If you are not able to provide the numbers for the exact date range, please specify the dates that you are providing the data for.
* Enter “N/A” if a given count is not applicable.
* Enter “0” if the count is applicable but you did not have any transactions in this area during the RMS data collection period.
* Add columns as needed for additional voucher types.
* You do not need to fill in the shaded boxes.

***If you have questions about any of the counts, please contact your study team liaison.***

| **Activity** | **Total Count** | **Date Range** | **Count by Voucher Type** | **Count by Household Type** |
| --- | --- | --- | --- | --- |
| **Regular Vouchers** | **Special Voucher (*Specify*)** | **Special Voucher (*Specify*)** | **Special Voucher (*Specify*)** | **Non-Disabled Small Family** | **Non-Disabled Large Family** | **Non-Elderly Disabled** | **Elderly** | **Homeless** | **Not Able to Specify** |
| 1. Number of eligibility determinations completed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of incoming ports processed (all activities from incoming request through initial billing/absorption)
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of households briefed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of vouchers issued
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of RFTAs processed (all movers - new and transfers)
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of rent reasonableness tests conducted (all types
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of HAP contracts executed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of initial inspections for new units *by PHA staff*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of re- inspections for new units *by PHA staff*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of initial inspections for annuals *by PHA staff*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of re- inspections for annuals *by PHA staff*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of QC inspections *by PHA staff*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of complaint or emergency inspections *by PHA staff*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of inspection (of any type) *by contractors*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of outgoing ports processed (all activities from request through initial billing)
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of annual recertifications completed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of move requests completed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of reasonable accommodation requests received and processed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of End of Participations (EOPs)
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of interim recertifications completed
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of HCV homeownership closings
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of quality control file reviews conducted
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Number of repayment agreements entered into
 |  |  |  |  |  |  |  |  |  |  |  |  |

## Interview Questions Regarding Transaction Counts

*These questions will be asked prior to the start of RMS and revisited at the end of the RMS data collection period.*

1. Do you anticipate that the two-month time measurement data collection period will be unusual in any way that will affect transaction counts, staff productivity, or the portion of staff time spent on different activities? Examples include:
	* Intensive leasing effort
	* Short term opening of waiting list
	* High number of recent new hires still in training
	* New system of record or other ancillary software
	* Working to meet deadline for submission of applications for grants
	* Recent office move, expansion or preparation for move or expansion
	* Implementing new and dramatically different policy (e.g., reduce payment standards)
	* Transitioning some work to a contractor or new contractor
	* Responding to public relations crisis
	* Other
2. If any of these or other situations will exist during the two-month time measurement data collection period, can you identify how the data collected will be different from a “normal” two-month period for your agency:
	* Different transaction counts – In what areas? How would the counts be different?
	* Different level of staff productivity – What types of staff? What would be different?
	* Staff spending more time of one or more activities than usual – Time diverted from what activities and re-directed to what tasks? How many staff does this affect?