





5. The HAP payments: (Check one)  
\_\_\_\_\_ have been abated effective \_\_\_\_\_ (mm/dd/yyyy).  
Please suspend the HAP to owner portion from your payment effective \_\_\_\_\_ (mm/dd/yyyy) until further notice.  
\_\_\_\_\_ that were abated beginning \_\_\_\_\_ (mm/dd/yyyy) have been resumed  
effective \_\_\_\_\_ (mm/dd/yyyy).

6. We will no longer be billing your agency because we are terminating the family's participation in the program or the family is voluntarily leaving the program.  
  
Billing arrangement termination effective date: \_\_\_\_\_ (mm/dd/yyyy)  
Reason for termination:(specify)

7. We are absorbing the family into our program and terminating the billing arrangement effective: \_\_\_\_\_.  
(mm/dd/yyyy)

8. The HAP contract has been terminated effective \_\_\_\_\_ (mm/dd/yyyy) and no new HAP contract has yet been executed on behalf of the family.  
The family:  
\_\_\_\_\_ will not be remaining in our jurisdiction and has been referred to your agency.  
\_\_\_\_\_ intends to remain in our jurisdiction. The family's voucher expires \_\_\_\_\_ (mm/dd/yyyy).

9. Billing Information

**Regular Billing Amount**

- a. Monthly HAP amount due \_\_\_\_\_  
(line 12s or 12af of form HUD-50058)
- b. Ongoing admin fee (80% of initial PHA fee or amount otherwise agreed upon) (line 10 of Part I of this form) \_\_\_\_\_
- c. Total regular monthly billing amount \_\_\_\_\_  
(sum of lines a and b)

**Additional Amount Due, If Applicable**

- d. Prorated HAP to owner from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_
- e. Hard-to-house fee \_\_\_\_\_
- f. Other (explain) \_\_\_\_\_
- g. Total additional amount (sum of lines d, e and f) \_\_\_\_\_

**Billing Amount**

- h. Payment Due This Billing Submission (sum of lines c and g.) \_\_\_\_\_  
(After this submission, billing amount is amount recorded on line c, unless otherwise notified by the receiving PHA.)