

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

Housing Assistance Payments Program  
Supplemental Reporting Form

**US Department of Housing and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(Exp. 09/30/2017)

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 a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. 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:	Original Submission	Revised Submission	Special Submission
<b>Housing Choice Voucher Program – Utilization and Administrative Fee and Expense Reporting</b>			
<b>Administrative Fee Reserve (Operating Reserves) Balance as of January 31, 2003 (01/31/03)</b>			n/a
<b>Unit Months Leased:</b>			
Litigation			
Mainstream 1 – year			
Mainstream 5 – year			
Homeownership			
Moving to Work			
All Other Vouchers			
<b>Total Vouchers</b>			
Hope VI Section 8 Vouchers			
Tenant Protection			
Tenant Protection – New this Month			
Enhanced Voucher - this Month			
<b>New Home Owners – this Month</b> (Identify the number of New Homeownership voucher issued for the specified month)			
<b>HAP Expenses:</b> (Housing assistance payments to landlord, utility reimbursement, FSS Escrow, Home Purchase Escrow) Exclude: Portability payments due from another Housing Authority			
Litigation			
Mainstream 1 – Year			
Mainstream 5 – Year			
Homeownership			
Moving to Work			
All Other HAP Expenses			
Hope VI Section 8 Vouchers			
<b>Total HAP Expenses</b>			
<b>Admin Fees Earned</b>			
<b>Admin Expenses:</b> (Accts 4110, 4130, 4150, 4180, 7520, 7540, 4190, 4540, and 4540) Exclude FSS Coordinator, Special Fee, Mobility Counseling, ROC Costs, Preliminary Expenses, and Portability payments due from another Housing Authority.			
<b>Audit:</b> (Enter the audit cost for the entire period. Do not breakdown by month)			
<b>Hard to House</b>			
<b>FSS Coordinator</b>			
<b>LBP Test</b>			
<b>LBP Risk Assessment</b>			
<b>Mobility Counseling</b>			
<b>Preliminary Fees</b> (New HA's Only)			
<b>Housing Conversion Fees</b>			
<b>ROC</b>			
<b>Other</b> (Brief Description)			
<b>Additional HAP Expenses</b>			
<b>Fraud Recover – Amount booked this month</b>			
<b>FSS Escrow Forfeitures</b>			
<b>Regular Portable</b> (Units)			
<b>Port In</b>			
<b>Port Out</b>			

**Voucher for Payment of US Department of Housing** OMB Approval No. 2577-0169  
**Annual Contributions and and Urban Development** (Exp. 1/31/2007)

**Operating Statement** Office of Public and Indian Housing

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