

Family Portability Information

U.S. Department of Housing and Urban Development

UT ÓÁÇ] : [çáçÁ [ÆÇ Ì ÆÍ J Çç] È04/30/2018D

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Ú à | æ Á Á [[çáçÁ [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

V Ç Á [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

Ú à | æ Á Á [[çáçÁ [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f) and by the Housing and Community Development Act of 1987 (42 U.S.C. 3534(a)).

Part I Initial PHA Information and Certification

Instructions: V Ç Á [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

Form header with fields for PHA name and address.

Table with 5 columns for identifying information: PHA name, address, phone, and other details.

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J È Çç] ~ æ Á Á [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

F È Ì È Á Á [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

F È Ú Á Á [ÆÇ Ì ÆÍ J Çç] È04/30/2018D ...

Attachments:

- a. A copy of the voucher issued by the initial PHA.
b. A copy of the current form HUD-50058 and copies of the income verification for the current form HUD-50058.

Certification Statement:

The family [] is a current program participant or [] is not a current program participant but is income-eligible in the receiving PHA's jurisdiction (see line 8 above), and the voucher was issued in accordance with the program regulations.

Form fields for signature and date.

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.)