

**U.S. Department of Housing and Urban Development
Monthly Report of Excess Income**

Project Number: _____

Project Name: _____

Reporting Period: _____

1. Total gross rental collections in excess of approved basic rental per unit for all units in the project:	_____
2. Less amount retained for HUD-approved purposes:	_____
3. Total Net Excess Income due HUD this month:	_____

Management Agent Name: _____

Agent Address: _____

City: _____

State: _____ Zip Code: _____

Tax Identification Number (TIN): _____

Owner Name: _____

Owner Address: _____

City: _____

State: _____ Zip Code: _____

Owner Tax Identification Number (TIN): _____

Contact Information:

Contact Name: _____

Contact Telephone Number: _____

Contact Email Address: _____

I certify that the information on this form is true and complete. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 101, 1010, 1012; 31 U.S.C. 3729 3802)

