

**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)

