Public reporting burden for this collection of information is estimated to average 30 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0276), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required to apply to the Rental Assistance Demonstration program as authorized by the Consolidated and Further Continuing Appropriations Act of 2012 and subsequent appropriations. Requirements for RAD were established in Notice H-2019-09 PIH-2019-23 (HA) and related notices. The information will be used as the binding agreement between the owner and HUD for certain properties released from the Public Housing Declaration of Trust following a transfer of assistance. There are no assurances of confidentiality.

Rental Assistance Demonstration Contract Administrator Funding Survey

U.S. Department of Housing and Urban Development

OMB Approval No. 2502-0612 (Exp xx/xx/xxxx)

RAD PBV Leasing and Expense Survey

Enter data for all yellow cells. Once data entry is complete, save the file in the same format it was received, an Excel file with the ".xls" extension.
- *The column "Sum of Units" must equal "RAD Units" for each month.*
- For MTW PHAs, the HAP amounts entered into this file must exclude enhanced rents (see "MTW augmentation" enclosure for un-augmented rents, if applicable).

PHA Name:
PHA Number:
Increment Number: **Obligated Budget Authority**
Project Name:
RAD Units:

2019	Leased Units	Housing Assistance Payments (HAP)	Rehab Assistance Units	Rehab Assistance Payments (RAP)	Vacant Units	Vacancy Payments	Sum of Units	Assigned Monthly BA	Actual/ Estimate Shortage
1/1/2019									
2/1/2019									
3/1/2019									
4/1/2019									
5/1/2019									
6/1/2019									
7/1/2019									
8/1/2019									
9/1/2019									
10/1/2019									
11/1/2019									
Estimated 12/1/2019									
Total	-	$ -	-	$ -	-	$ -	-	$ -	$ -
Est. PUC									

Public reporting burden for this collection of information is estimated to average 30 minutes 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. Send cc

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Rental Assistance Demonstration Contract Administrator Funding Survey

OMB Approval No. 2502-0612 (Exp. xx/xx/xxxx)

HAP/Project ID:	
HAP Effective Date:	
Project Replacement Reserve Balance:	
Fiscal Year End Date	

Fiscal Year				
Replacement Reserve Balance at Fiscal Year Start				
Deposits to Replacement Reserve during Fiscal Year				
Withdrawals to Replacement Reserve During Fiscal Year				
Replacement Reserve Balance at Fiscal Year End				

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