

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.

Property Name	Property Address: Number and Street	Property Address: City	Property Address: State	Property Address: Zip Code
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**Mod Rehab
Contract Type:
Conventional or
SRO**

**Contract Number Number of
Contract Units Owner First Name Owner Last Name**

**Contact Person
First Name**

**Contact Person
Last Name**

Email Address

**Main Telephone
Number**

**Other Telephone
Number**

Conventional
SRO