Grantee Name (Tribe/TDHE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Unique Identifier | Lease Start Date | Lease End Date | Rental Assistance Type | Property Type | Months Leased | Family Size | Bedroom Size | Total Rent Amount | Tenant Rent Contribution Payment | Contributing Funds | Monthly RAP | Total RAP |
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**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about leasing is required for program management and funding. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.