Version: 2021.07.15

Template Name: Participant Household Payment Data

Instructions to Reporter:
- Do not change the cell formatting
- Do not reformat the template
- All data should be as text
- Do not publish the "Field ID" row (Treasury Internal Use Only)

Label	Address Line 1	Address Line 2	Address Line 3	City Name
Required or Optional	Required	Optional	Optional	Required
Help Text	Record the first line of the Payee's physical address.	Second line of Payee's physical address.	Third line of the Payee's physical address.	Name of the city in which the Payee address is located.

State Code	Zip5	Zip4	Payee Type
Required Report the United States Postal Service (USPS) two-letter abbreviation for the state or territory in which the Payee address is located. Valid Responses: (AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, MP, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY)	Required Report the United States ZIP code (five digits) concatenated with the additional +4 digits associated with the Payee's physical address. Format XXXXX, 5 numeric characters.	Required Zip Plus4 (four digits) identifying where the physical address of the payee. Format XXXX, 4 numeric characters.	Required Select the drop down correlating to the type of Payee. Select one of the following: '|- Tenant |- Landlord or Owner |- Utility / Home Energy Service Provider |- Other Housing Services and Eligible Expenses Provider

Amount of Payment	Date of Payment	Type of Assistance Covered by the payment	Start Date Covered by the Payment
Required	Required	Required	Required
Report the total amount dispersed to the Payee. DO NOT INCLUDE $ sign when entering amount.	Report the date which payment was processed to Payee. Formatt MMDDYYYY	Select the drop down correlating to the type of assistance. Select one of the following: '- Financial Assistance: Rent; - Financial Assistance: Rental Arrears; - Financial Assistance: Utility/Home Energy Costs; - Financial Assistance: Utility/Home Energy Costs Arrears; - Financial Assistance: Other Housing Costs Incurred due to Covid-19;	Report the start date indicating the time period covered by the assistance. Format MMDDYYYY

End Date Covered by the Payment

Required

Report the end date indicating the time period covered by the assistance.
Format MMDDYYYY