

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- Do not publish the "Field ID" row (Treasury Internal Use Only)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<br>or<br>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                                                                                  |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <p>Required</p> <p>Report the total amount dispersed to the Payee. DO NOT INCLUDE \$ sign when entering amount.</p> | <p>Required</p> <p>Report the date which payment was processed to Payee. Formatt MMDDYYYY</p> | <p>Required</p> <p>Select the drop down correlating to the type of assistance. Select one of the following:</p> <ul style="list-style-type: none"> <li>'- Financial Assistance: Rent;</li> <li>- Financial Assistance: Rental Arrears;</li> <li>- Financial Assistance: Utility/Home Energy Costs;</li> <li>- Financial Assistance: Utility/Home Energy Costs Arrears;</li> <li>- Financial Assistance: Other Housing Costs Incurred due to Covid-19;</li> </ul> | <p>Required</p> <p>Report the start date indicating the time period covered by the assistance. Format MMDDYYYY</p> |

End Date Covered by  
the Payment

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