

Voucher for Payment of Annual Contributions and Operating Statement

Housing Assistance Payments Program
Supplemental Reporting Form

US Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0282
(Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 1.50 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. Authority for this collection of information is the Housing and Community Development Act of 1987. Housing Agencies (HAs) required to maintain financial reports in accordance with accepted accounting standards to permit timely and effective audits. The financial records identify the amount of annual contributions that are received and disbursed by HAs. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

HA Number:	HA Name:	HA FYE:
Submission Type:	Original Submission	Revised Submission
		Special Submission
Housing Choice Voucher Program – Utilization and Administrative Fee and Expense Reporting		
Vouchers under lease on the First Day of the Month:		
UML:		
Rental Assistance Component 1		
Rental Assistance Component 2		
Litigation		
Homeownership		
New This Month		
Moving To Work		
One Year Mainstream – MTW		
Family Unification – Non MTW		
Family Unification – Pre2008 - MTW		
Family Unification – 2008/Forward - MTW		
Non-Elderly Disabled – Non-MTW		
Non-Elderly Disabled – 2008/Forward - MTW		
Portable Vouchers Paid		
Hope VI		
Tenant Protection		
Enhanced Vouchers		
Veterans Affairs Supported Housing (VASH) Voucher		
DHAP to HCV Vouchers Leased		
All Other Vouchers		
Total Vouchers		
HAP Expenses:		
Rental Assistance Component 1		
Rental Assistance Component 2		
Litigation		
Homeownership		
New This Month		
Moving To Work		
One Year Mainstream – MTW		
Family Unification – Non MTW		
Family Unification – Pre2008 - MTW		
Family Unification – 2008/Forward - MTW		
Non-Elderly Disabled – Non-MTW		

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HAP Expenses (cont.):	
Non-Elderly Disabled – 2008 Forward - MTW	
Portable Vouchers Paid	
Hope VI	
Tenant Protection	
Enhanced Vouchers	
Veterans Affairs Supported Housing (VASH) Voucher	
DHAP to HCV Vouchers Leased	
All Other Vouchers	
MTW – Family Unification 2008/Forward HAP expenses after the First of the Month	
MTW – Family Unification per-2008 HAP After the First of the Month	
MTW – Non-Elderly Disabled 2008/Forward HAP Expenses after the First of the Month	
MTW- VASH HAP Expenses after the First of the Month	
MTW – One Year Mainstream HAP After the First of the Month	
FSS Escrow Deposits	
All Voucher HAP Expenses After the First of Month	
Total Vouchers	
Other Voucher Reporting Requirements:	
UML:	
Number of Vouchers Under Lease (HAP Contract) on the last day of month.	
HA Owned Units Leased – included in the units leased above	
New Vouchers Issued but not under HAP contract as of the last day of month	
Portable Vouchers Administered (Port-In)	
5 Year Mainstream	
Number of PBVs under AHAP and not under HAP	
Number of PBVs under HAP and Leased	
Number of PBVs under HAP and not Leased	
Number of PBVs under HAP and not Leased with vacancy payment and associated vacancy HAP expense	
HAP Expenses:	
Portable Vouchers Administered (Port-In)	
5 Year Mainstream	
Number of PBVs under HAP and not Leased with vacancy payment and associated vacancy HAP expense	

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Memorandum Reporting:	
UML:	
Number of Hard to House Families Leased	
Number of LBP Initial Clearance Tests	
Number of LBP Risk Assessments	
HAP Expenses:	
Fraud Recovery Total Collected This Month	
Interest or other income earned this month from the investment of HAP funds and Net Restricted Assets	
FSS Escrow Forfeitures This Month	
Portable HAP costs Billed and Unpaid – 90 Days or older	
Administrative Expenses:	
HAP Expenses:	
FSS Coordinator Expenses Covered by FSS Grant	
FSS Coordinator Expenses Not Covered by FSS Grant	
Non-MTW Administrative Expenses	
Audit	
Financial Status:	
HAP Expenses:	
Unrestricted Net Position (UNP) as of the Last Day of the Month	
Restricted Net Position Funds (RNP) as of the Last Day of the Month	
Cash/Investment as of the Last Day of the Month – Voucher Program Only	
MTW:	
HAP Expenses:	
MTW – HCV Administrative Expenses	
MTW – Public Housing Rehabilitation	
MTW – Debt Service Repayment	
MTW – Development Activities	
MTW – Local Housing Program	

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Other - Unspent Funds Fund Source 1	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 1	
Type of Account – 1	
Activity – 1	
Funds Committed – 1	
Type of Commitment – 1	
Date of Commitment – 1 (MM/DD/YYYY)	
Funds Obligated – 1	
Type of Obligation – 1	
Date of Obligation – 1 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 1	
Projected Date of Full Expenditure – 1 (MM/DD/YYYY)	
Other - Unspent Funds Fund Source 2	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 2	
Type of Account – 2	
Activity – 2	
Funds Committed – 2	
Type of Commitment – 2	
Date of Commitment – 2 (MM/DD/YYYY)	
Funds Obligated – 2	
Type of Obligation – 2	
Date of Obligation – 2 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 2	
Projected Date of Full Expenditure – 2 (MM/DD/YYYY)	

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Other - Unspent Funds Fund Source 3	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 3	
Type of Account – 3	
Activity – 3	
Funds Committed – 3	
Type of Commitment – 3	
Date of Commitment – 3 (MM/DD/YYYY)	
Funds Obligated – 3	
Type of Obligation – 3	
Date of Obligation – 3 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 3	
Projected Date of Full Expenditure – 3 (MM/DD/YYYY)	
Other - Unspent Funds Fund Source 4	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 4	
Type of Account – 4	
Activity – 4	
Funds Committed – 4	
Type of Commitment – 4	
Date of Commitment – 4 (MM/DD/YYYY)	
Funds Obligated – 4	
Type of Obligation – 4	
Date of Obligation – 4 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 4	
Projected Date of Full Expenditure – 4 (MM/DD/YYYY)	

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Other - Unspent Funds Fund Source 5	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 5	
Type of Account – 5	
Activity – 5	
Funds Committed – 5	
Type of Commitment – 5	
Date of Commitment – 5 (MM/DD/YYYY)	
Funds Obligated – 5	
Type of Obligation – 5	
Date of Obligation – 5 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 5	
Projected Date of Full Expenditure – 5 (MM/DD/YYYY)	
Other - Unspent Funds Fund Source 6	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 6	
Type of Account – 6	
Activity – 6	
Funds Committed – 6	
Type of Commitment – 6	
Date of Commitment – 6 (MM/DD/YYYY)	
Funds Obligated – 6	
Type of Obligation – 6	
Date of Obligation – 6 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 6	
Projected Date of Full Expenditure – 6 (MM/DD/YYYY)	

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Other - Unspent Funds Fund Source 7	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 7	
Type of Account – 7	
Activity – 7	
Funds Committed – 7	
Type of Commitment – 7	
Date of Commitment – 7 (MM/DD/YYYY)	
Funds Obligated – 7	
Type of Obligation – 7	
Date of Obligation – 7 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 7	
Projected Date of Full Expenditure – 7 (MM/DD/YYYY)	
Other - Unspent Funds Fund Source 8	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 8	
Type of Account – 8	
Activity – 8	
Funds Committed – 8	
Type of Commitment – 8	
Date of Commitment – 8 (MM/DD/YYYY)	
Funds Obligated – 8	
Type of Obligation – 8	
Date of Obligation – 8 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 8	
Projected Date of Full Expenditure – 8 (MM/DD/YYYY)	

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Other - Unspent Funds Fund Source 9	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 9	
Type of Account – 9	
Activity – 9	
Funds Committed – 9	
Type of Commitment – 9	
Date of Commitment – 9 (MM/DD/YYYY)	
Funds Obligated – 9	
Type of Obligation – 9	
Date of Obligation – 9 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 9	
Projected Date of Full Expenditure – 9 (MM/DD/YYYY)	
Other - Unspent Funds Fund Source 10	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 10	
Type of Account – 10	
Activity – 10	
Funds Committed – 10	
Type of Commitment – 10	
Date of Commitment – 10 (MM/DD/YYYY)	
Funds Obligated – 10	
Type of Obligation – 10	
Date of Obligation – 10 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 10	
Projected Date of Full Expenditure – 10 (MM/DD/YYYY)	

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Other - Unspent Funds Fund Source 11	
Misc.:	
Unspent Fund Source (HCV, CAP, OP or MTW) – 11	
Type of Account – 11	
Activity – 11	
Funds Committed – 11	
Type of Commitment – 11	
Date of Commitment – 11 (MM/DD/YYYY)	
Funds Obligated – 11	
Type of Obligation – 11	
Date of Obligation – 11 (MM/DD/YYYY)	
Funds Expended from Commitment/Obligation – 11	
Projected Date of Full Expenditure – 11 (MM/DD/YYYY)	
Expenses:	
HAP Expenses:	
Expense Amount 1	
Expense Amount 2	
Expense Amount 3	
Expense Amount 4	
Expense Amount 5	
Misc.:	
Expense Amount 1 Comment	
Expense Amount 2 Comment	
Expense Amount 3 Comment	
Expense Amount 4 Comment	
Expense Amount 5 Comment	

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OMTW Other Expense Category	
HAP Expenses:	
MTW – Other PHA to identify the type of expense incurred Amount – 6	
MTW – Other PHA to identify the type of expense incurred Amount – 7	
MTW – Other PHA to identify the type of expense incurred Amount – 8	
Misc.:	
MTW – Other PHA to identify the type of expense incurred Amount – 6 Comment	
MTW – Other PHA to identify the type of expense incurred Amount – 7 Comment	
MTW – Other PHA to identify the type of expense incurred Amount – 8 Comment	
Comments:	
Misc.:	
Comments	
Disaster Voucher Program (DVP):	
Misc.	
Disaster Name	
UML:	
Disaster Families Assisted (UML)	
HAP Expenses:	
Disaster Families Assisted	
Disaster Security Deposit	
Disaster Security Deposit Returned	
Disaster Utility Deposit	
Disaster Utility Deposit Returned	
Disaster Administrative Expenditures	
Disaster Broker Fee	

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Comments:		
Name of PHA Point of Contact:	POC Phone Number:	Ext:
Date Submitted:	Official HA Email Address:	